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ABSTRACT

Data relating to population and family planning in eight foreign countries are presented in these situation reports. Countries included are China, El Salvador, Hong Kong, Japan, Nigeria, Republic of Korea, Taiwan, and Thailand. Information is provided where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communications, education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (LK)

Situation Report

Distribution

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Country CHINA

Date OCTOBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

ED 070598

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES **
Area			9,561,000 sq.kms.
Total Population			786,000,000 (1972)[1]
Population Growth Rate			1.5% p.a. (1969)[2]
Birth Rate			30 per 1000 (1972)[1]
Death Rate			13 per 1000 (1972)[1]
Infant Mortality Rate			17/20 per 1000[3]
Women in Fertile Age Group (15-44 yrs)			n.a.
Population under 15 yrs.			n.a.
Urban Population			14%[1]
GNP per capita			-
GNP per capita growth rate			0.8%[2]
Population per doctor			-
Population per hospital bed			-

World Population Data Sheet - 1972
World Bank Atlas 1971
Studies in Family Planning vol. 3. no. 7, supplement.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

** All figures are estimates.

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GENERAL BACKGROUND

China has the world's largest population, increasing by approximately 20 million each year. However, no figures have been officially released since the 1957 census (when there were 133 million more people than had been estimated), and all figures after that date are therefore estimates. It was announced during the "Great Proletarian Cultural Revolution" that the population stood around 712 million, yet late in 1968 Mao Tse Tung referred to a current population of the same number. If the latter comment is near the truth it would mean that the birth rate has dropped radically, a factor of immense significance. Recently, the Chinese have released a figure of 685,260,000. It has been estimated that the birth rate in China had fallen from 38 per thousand in 1960 to 32 in 1970. However, it is also reported that during the same decade the death rate fell from 25 to 17, giving a natural increase from 13 per 1000 in 1960 to 15 in 1970. Most statistical information should be treated with due caution. The capital of China is Peking with approximately 7 million inhabitants. Population density for the country as a whole is about 76 people per sq.km.

Ethnic Groups

94% are Han Chinese; there are other racial groups in border areas including Mongolian, Tibetan, Manchu, Uighurs and hilltribes.

Language

Mandarin is the basis for Common Speech (Putonghua) and is founded mainly in Pekingese dialects. Since the Revolution there have been great efforts to promote this as the national language. However, there are still many local dialects in common usage.

Religion

Although officially there is freedom of religious belief in China, since 1949 active religion has been severely curtailed, with the closing of all places of worship. However, religion is not actually prohibited. The indigenous religions of China are Confucianism, (which includes ancestor worship), Taoism and Buddhism. There are approximately 100 million Buddhists and 30 million Taoists. There are also about 18 million Muslims and 4 million Christians.

Economy

Agriculture is China's main industry, and agricultural produce the largest single contributor to the export trade. Approximately 70% of output derive from the agricultural sector, which employs over two thirds of the working population. Mainly arable crops are grown; rice principally south of the Yangtze, and wheat and millet mainly north of the river. Substantial amounts of wheat are imported from Australia, Canada and South America. The Communist regime aims at self sufficiency through the internal development of China's natural resources and domestic industries based on this wealth. The gradual take-over of industry and commerce by the state has been speeded up since 1955.

Communications

In 1958, railways were responsible for almost 80% of the freight turnover by modern moans of transport. In the same year substantial lengths of inland waterways were navigable by steamships, and civil air routes were widespread. Since 1964 a number of foreign airlines have been permitted to set up regular services to peking, Canton and Shanghai. Coastal shipping is also important. Roads are unevenly developed, but fairly extensive.

Education

Although primary education was compulsory under the Nationalists, mass education did not become a fact until the Communists had taken over. Middle school education is now almost universal. All major educational institutions were closed down during the height of the 'Great Proletarian Cultural Revolution' in June 1966. Higher education institutions opened again in 1970 but admission is on a very reduced scale. Peking Universitys' intake for September 1970 was 2,667 as opposed to 9,000 before 1966; Fu Tans' (Shanghai University) enrolled 1,196 as opposed to 9,000 before 1966. Courses have been reduced from around 5/6 to 2/3 years. Middle school education is not necessary for university entrance and students spend at least 2/3 years before entering university, on agricultural or factory work.

Medical

Infections and parasitic deseases have been virtually eliminated; mosquitoes and flies are nearly extinct. Veneral desease has been eradicated following a mass campaign against prostitution. All Chinese are assured of adequate food, clothing and medical treatment.

FAMILY PLANNING SITUATION

Family Planning programs in China have followed Mao's pronouncement of 1965, to 'put the stress on the rural areas'. Recently, many thousands of 'Barefoot doctors' have been sent throughout the country, after three months' medical training, to treat common diseases, and to spread the word about family planning. Mobile units are also widespread and numerous, their function being to 'publicize the meaning of planned parenthood among the peasants and propogate the knowledge about birth control'. Over the past 20 years, China has made significant strides, providing the vast majority of its population with at least a primary education, so that only a very small proportion of people under 30 years of age may now be considered illiterate. Improved food distribution procedures have for the most part resulted in an absence of regional starvation. The present apparent decline in birth rate could be attributed to the interaction of these development factors, after many years of aiming towards this goal.

The number of families practising contraception varies from about 30% in remote rural areas to 89% in Shanghai; the average overall figures for cities is 65%.

History

Family Planning on a wide scale was not considered until 1954 following the Census of the previous year which showed the population to be much greater than estimated. At first the campaign was educative rather than practical. Condoms were first manufactured in 1957, and vasectomies were offered at clinics. Then in early 1958 there was a change of policy due to the imminent Great Leap Forward which advocated maximum man-power: also, the change was a result of fear by the Government that the birth control campaign would be seen by the peasants as an open admission that there would not be enough food to go round. Even so, family planning remained available, since it released more women for participation in work. In 1962, when the failure of the Great Leap Forward was being acknowledged the family planning campaign was revived. In 1966 the campaign was overshadowed once again by political events, when Mao launched his Cultural Revolution. Indirectly this is held responsible for a rapid rise in population, since there was increased freedom for young people leading to more marriages and more children. So in early 1968, the campaign began again with greater determination for success, than ever. Young people were taught that by marrying late and having small families they would be contributing to the glory and welfare of the country as a whole.

Attitudes

The fundamental point of view in China at present is that family planning is indispensible to protect maternal and child health. The Government rejects the concept of over population as anti Marxist. Instead, it emphasises that unless family planning were used, the study, work and output of the people would be hindered; and the education of children would not be promoted by the burden of high fertility. Family planning is useful, not only for each family in China, but also for the country because of its impact on the domestic economy.

The young people of China have grown up with government policies that denigrate family, cultural traditions and domesticity, but uphold socialist conformity, service and sacrifice for the Motherland People under 30, who constitute about two thirds of China's population, are most indoctrinated, and therefore most likely to submit to Government pressures to marry late and to produce only two children per family.

The average age of marriage is 25 for females and 30 for males in urban areas and 22/3 for females and 28 for males in rural areas. There is no loss of benefits for families with over 3 children but social disapproval is strong.

Legislation

In 1962 the duty on the importing of contraceptives was lifted. Abortion in China has never faced the legal and moral obstacles prevalent in the West. In 1954, it was specified that abortion was permitted 'where continued pregnancy is considered medically undesirable, where the spacing of the children is already too close, and where a mother with her baby only four months old has become pregnant again and experiences difficulties in breast feeding'.

Government Programme

A central Health Ministry organises and decides medical policy but the health service is basically decentralised. Family planning is the responsibility of local units. In rural areas health stations on communes undertake the work. In urban areas 3 organizations dispense family planning services; city hospitals, factories and small health centres called "Street and Lane Health Stations" which are staffed by barefoot doctors. All medical personnel belong to the Chinese Medical Association.

Family planning is achieved in China through the use of four kinds of fertility control; late marriage, abortions, use of contraceptives and sterilisations. Of these methods late marriage has probably had the greatest effect in reducing China's birth rate.

Services

Contraceptives and abortions are provided free of charge. Orals were introduced on a widespread scale in 1967 after several years of research. They are now the most popular form of contraception due to the relatively low effectiveness of IUD's and the fact that pills can be easily distributed. In communes they are distributed by barefoot doctors. Records of users menstrual cycles are kept by health personnel in many communes and health stations so that continuation rates are high. 3 types of combined pill are available, Shanghai pill I, Shanghai pill II and the Peking type. A 22 day regime is followed and it is said to have no side effects and is acceptable to 98% of those who are introduced to the method.

IUD's have been in use since 1958. Coils of stainless steel and plastic rings based upon Japanese models are most prevalent. Continuation rates are high. In Wutan Medical College 95%; in Peking's Capital Hospital the rates is 76% for stainless steel variety and 90% for a metal ring (similar to the Ota ring). Most acceptors have one child, married couples wishing to postpone the birth of a first child tend to rely on pills.

Tubal ligations are commonly performed and are available on request. Usually acupuncture is used or the operation is done under local anesthetic. Patients undergoing tubal ligations are about 35 to 40 with 2/3 children. The husbands permission is not necessary; only the woman's word that he does not object.

Induced abortion is also available on request, free of charge. Almost all abortions are done by vacuum suction, normally in the first 12 weeks of pregnancy. Nulliparous women are discouraged from having an abortion. In communes nurses and barefoot doctors perform the operation, takes very little time and is not performed under general anesthesia. Afterwards the women rest for about 2 hours before going back to their homes. They are entitled to paid rest. No written or verbal consent from husband is necessary.

Vasectomy is not widespread, though the Government introduced a movement to popularize the method two years ago. It is commonly believed that the operation will undermine a man's working capacity and this probably accounts for its lack of popularity. To be eligible a man needs to have fathered two children.

Traditional methods, condoms etc. are available but not widely used.

There are no overall figures available, however some examples of local units will indicate the percentage distribution for each method:

Shanghai Street and Lane Health Station:

Out of 8,978 fertile women:	1,242 accepted the pill.
	115 accepted a once a month injection.
	352 accepted IUD's.
	3,902 underwent tubal ligations.
	a small number used diaphrams etc.

Ton Wan People's Commune; accumulative methods of contraception (1971):

Pill	453
Injectables	17
IUD	270
Tubal ligation	1,156
Vasectomy	681

Pon Pu New Village accumulative methods of contraception (1971):

Sterilization (male and female)	1,209
Oral Pill	493
Condom	188
IUD	129

Education and Information

Several years ago the Government began the promotion of a massive family planning education campaign, particularly in the rural areas. The Government has urged doctors, hospitals, health clinics and factories,Peoples' Communes, the Red Cross Society etc., to provide family planning services. The press and mass media support this campaign. Group guidance is given in clinics at the factories and an exhibition is sponsored annually by the Trade Unions. In the Peoples' Commune, Health Workers give family planning advice.

An important part of the work of barefoot doctors is motivation and reassurance. The numerous mobile medical teams spread birth control information by various means including propoganda meetings, exhibitions, films and distributions of propoganda materials. The public meetings included the giving of 'personal testimonies' by peasant women who described their experiences since using IUD's or other types of contraceptives.

The importance attached to birth control by medical personnel is apparent from the numerous special conferences which take place in China. Even those medical conferences not specifically directed at birth control frequently include this subject on the agenda.

The Government itself tends to concentrate less on promotion of contraceptive methods than on motivation. Its emphasis is on:

1. A campaign against early marriage. Pressure is put on young people not to marry before late twenties or thirties. Women who have postponed their marriages 5 or 6 times are held up as admirable figures.

2. Following marriage, the couples are urged to postpone child bearing for several years.

3. Couples are told that the maximum number of children is three, the ideal is 2.

4. Concentration on raising of rice production is tackling the food problem, aided by the prevention of the natural flow of people to the cities and encouraging the opposite - ruralisation.

Training

In Women's Associations and Trade Unions there are family planning representatives who are trained by doctors. These representatives visit factories and give talks on family planning. Each district health leader receives training in family planning. The team members of the Mobile clinics present special training lectures for the health personnel of the agricultural villages, thus enlisting new birth control propogandists.

The 'Barefoot doctor' mentioned above are young men and women aged about 20 selected from the families of peasants. They are trained by medical students and teachers to treat common diseases, to perform first aid and to help with family planning services. Intensive training is given for 3 months; they then return to their villages. Later some of the more talented are sent to urban medical centres for advanced training.

Plans

The major plan in Chinese family planning seems to be the extension of training personnel in order to provide sufficient numbers to reach all rural areas. Thus it is hoped, abortion and sterilization would contribute as much to the reduction of the birth rate as they did in Japan. If China succeeds in her aims she will be the first non-urban, non-industrial country of any size to have reduced the national birth rate.

Research

It would appear that an extremely high proportion of departments of gynaecology and obstetrics in hospitals and medical universities have been experimening with the IUD.

Research is currently being undertaken on a once a month pill. It is in use in regional control centres and appears to be 100% effective so far but has not been nationally approved. Research is also being carried out on a once every three and once every six month pill as well as a once a year pill.

Sources

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Situation Report

Distribution

Country EL SALVADOR Date SEPTEMBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

ED 070598

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		21,393 sq.kms.
Total Population	2,510,989	3,390,000(1969)[1]
Population Growth Rate	3.3%	3.7% (1963-69)[1]
Birth Rate	47.9 (1960-65)	42.1(1969)[1] ≠
Death Rate	14-16(1960-65)	9.9(1969)[1] ≠
Infant Mortality Rate	63.1(1960-65)	63.3(1969)[1]
Women of Fertile Age(15-44)		800,000(1971)[2]
Population under 15		45%[3]
Urban Population	37.4%	40.9%(1970)[4]
GNP per capita	US$231[5]	US$290(1969)[5]
GNP per capita growth rate		1.9%[5]
Population per doctor		4,670(1968)[6]
Population per hospital bed		460(1968)[6]

1) UN Demographic Yearbook

2) Annual Report 1971 Salvadorean Demographic Association

3) Report of the Salvadorean Demographic Association, October 1969.

4) UN Monthly Bulletin of Statistics, November 1971

5) World Bank Atlas 1971

6) UN Statistical Yearbook

≠ Most births are registered but death rate statistics should be treated with scepticism.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

El Salvador has one of the highest population growth rates in Latin America and has a high population density of 172 persons per square kilometre (1972). The country faces severe pressure of population on available resources. One solution has been emigration to the relatively under-populated neighbour of Honduras. Friction over the status of the immigrants, estimated at 300,000, was one of the causes of the 'soccer war' of 1969.

The population is largely rural with low health and literacy levels. Efforts at development through the Central American Common Market, the twenty-fifth attempt at Central American Unity in 130 years have been partly dissipated through trade and other disputes.

Ethnic Groups

85% Mestizo, 10% White and 5% Indians - although such figures are not reliable guides because terms such as Mestizo and Indian have socio-cultural as well as biological significance.

Language

Spanish, with a small minority speaking the Indian language Nahuate.

Religion

The dominant religion is Roman Catholicism with Pentecostal, Baptist and Evangelical minorities.

Economy

Resource ownership is concentrated in the hands of a minority: it is estimated that 89% of the population receive approximately 50% of the total income. The economy is agriculturally based, coffee being the main crop and chief export. 90% of the peasants are landless. Tourism is developing as an income earner. Industrial growth is hampered by the fact that hydroelectricity is the only available power source. Commercial fisheries are expanding. Three sectors can be distinguished in the economy - 10% barter, 35% semi-feudal latifundio and 55% private enterprise.

Communications/Education

Road and rail networks are well developed. There are 9 newspapers with a total circulation of 162,000 (1967), plus 8 other journals. In 1969 there were 900,000 (1970) radio sets and 56 radio stations. There are 2 tv stations and 80,000 sets (1970). Radio reception is wide in both urban and rural areas. Rural electrification is nearly complete. In 1960 there were 55 cinemas seating 54,000 people.

Education is compulsory between the ages of 7 and 14 years. There are many private (usually Catholic) as well as public (state) schools. The Autonomous University of El Salvador has over 4,000 students. 62% of the population is illiterate.

Medical/Social Welfare

The Instituto Salvadoreño del Seguro Social administers social insurance benefits and services, these being financed by employees', employers', and state contributions. Despite a shortage of trained

medical staff, medical services are being extended to rural areas. There were in 1971 29 rural and 68 urban medical centres, a mobile rural health unit programme, organized on a self-help basis. The military have also organized mobile unit health services.

FAMILY PLANNING SITUATION

The Asociación Demografica Salvadoreña,(ADS), the private family planning association, provides services in cooperation with the Government Public Health Service and the Instituto Salvadoreno del Seguro (ISS). Many private clinics are held on public premises and the ADS contributes to the staffing and provision of contraceptives in public clinics.

Attitudes

The Government recognized the urgency of the demographic problem in its National Five Year Plan, 1965-1969, in which there were chapters on the demographic and social situation, and on population, employment and human resources. Although it acknowledged the important problems of high population density and of a growing dependence ratio, the Government took no positive action.

Government interest in family planning developed in 1966, and in 1968 it began to integrate it into its Mother and Child Service under the Ministry of Public Health. No official declaration on family planning has been made.

The ADS receives support from the Protestant church groups and has established a working relationship with the Roman Catholic Church. A number of joint meetings have been held on topics related to family planning, and the Church tacitly accepts the activities of the ADS and of the Government. Most sectors of the public are favourable, although opposition exists among university students resulting in some degree of non-cooperation by young physicians.

Legislation

There are restrictions on the import and sale of contraceptives but they are on sale as 'health measures'.

Abortion is illegal except for life/health and eugenic reasons.

FAMILY PLANNING ASSOCIATION

Address: Asociación Demografica Salvadoreña,
Edificio 11-12 3 piso,
Calle Ruben Dario,
Apartado Postal 1338,
San Salvador,
El Salvador.

Personnel:

President: Dr. Roberto Pacheco
Executive Director: Sr. Knut Walter
Programme Coordinator: Sra. Querubina H. de Paredes

Services

During 1971, the ADS operated 15 clinics. The policy of handing clinics overs to the Government has continued since 1968. Many of

the 97 government clinics (1971) were originally run by the ADS.

The clinics generally provide family planning information and contraceptives, gynaecological examinations and cancer detection services.

A total of 31,681 consultations were given, of which 7,191 were new and 24,490 were follow-up visits. 67% of the new acceptors chose orals. 13,503 pap. smears were taken in 1971 and 28 women were treated for infertility.

The ADS stated that no more than 40,000 users exist in both government and private programmes out of some 800,000 women of fertile age, (1971 census). The Association sees this as particularly inadequate when an annual population growth rate of 4.04% (1961-71) is considered.

The situation is further complicated by the fact that women use a contraceptive method for only 2 years on average.

The Association intends to pursue several policies to improve the situation:

1) Increase the number of users to 80,000 (10% of women of fertile age) by 1973;

2) Influence the government to give family planning higher priority in development plans;

3) Carry out a survey to establish actual levels by fertility;

4) Promote use of the IUD and tighten up systems of checking drop-outs;

5) Improve coordination with the government programme.

Education/Information

Parallel to the initiation of clinic services in 1966, the ADS organized a wider-reaching and active information and education programme, based on personal contact communication and on the distribution of motivational literature. During the next few years a series of talks were held on family planning and related topics, organized by a small part-time and full-time staff of social workers. A Committee of Communication and Education has been established to supervise all work in this field, including the running of a library at the headquarters of the ADS.

The talks and other activities were aimed at various sectors of the public, including trade union members, community organizers, industrial and commercial workers, Government officials, clinic patients and maternity hospital patients.

In 1969 the Association decided to hold a mass media campaign. It planned to take advantage of the fact that radio services cover 90% of the country, and that in the urban areas 96% of the population have access to a radio or television. A three month campaign, entitled PATER, was launched in September 1969 with great success. Through radio and television spots, newspaper advertisements, seminars, and town meetings. The campaign's message was 'Don't have children you cannot be a father to' and its initials represent 'Padre' (father), 'Alimentacion' (food),'Techo' (roof), 'Educacion' (education), 'Religion' (religion). To reinforce

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the campaign the ADS published a new monthly bulletin, also called PATER.

In 1971, the Association's social workers promoted family planning among marginal communities, factories and estates. Volunteers talked to women in hospitals and in the ADS clinics. Nurses and social workers reached some 75,800 women.

Some 344,000 pieces of informational literature were distributed.

The PATER programme again concentrated on radio in a saturation three-month campaign of 38,000 radio spots. A more direct approach was used than in previous years.

Follow-up studies of acceptors and evaluation of the PATER campaign were new developments in 1971.

Plans for 1973 include expansion of the work of volunteers in hospitals, a pilot study on sex education, and a mass media programme stressing the demographic problems of El Salvador.

Training

In 1967 the ADS set up a Regional Training Centre for Central America and Panama, with economic and technical assistance from the Population Council and from USAID. Courses are run in coordination with the University of El Salvador.

One-week courses are given annually covering topics such as population, reproduction physiology and family planning. Four to five courses per year are specifically for 'leaders' in various fields - priests, trade unionists, teachers, newspapermen, government officials and other groups. Thirty students are accepted per course. The rationale for this 'leader' programme is that ignorance of and hostility towards family planning is as prevalent among 'influentials' as among workers and peasants.

In 1973 22 courses are planned with about 700 participants, compared with 12 courses and 290 participants in 1969.

All doctors, and other medical and paramedical personnel who are to work in government clinics, attend the family planning training course at the Regional Training Centre.

Government

Ministry of Public Health

After 1966 the Government took positive action to tackle the population problem. It sent official representatives to international conferences on population and on family planning, sponsored fellows participating in family planning training courses at home and abroad, and allowed the ADS to use public facilities for clinic work. In 1968 the Government decided to integrate family planning services into the national mother and child services of the Ministry of Public Health, and a clearly defined relationship was developed with the ADS on the coordination of services and the use of resources.

In 1969 the Ministry of Public Health began clinical services with a pilot project of 25 clinics in Health Centres. The ISSS followed suit later in the same year.

By the end of 1971 the Maternal-Infant Division of the Public Health operated 97 clinics, including 68 urban and 29 rural clinics (23 of which are located in the Paraceutical Region).

There were 22,315 new acceptors in 1971, the great majority using orals. There were 16,908 old acceptors. Health Department clinics made 24,554 cytological tests in 1971.

Government I and E activities included talks, films, demonstrations and published materials. Some 407,000 attended talks.

The Social Security Institute

The Social Security Institute (ISSS) had 31 clinics in 1971. There were 7,153 new acceptors and 9,728 cytological tests made. 55% of registered clients at ISSS clinics received family planning information within the post-partum programme.

The ISSS I&E programme is run by an Educator and three social workers who gave talks and showed films in factories and clinics.

Columbia University expects to complete an evaluation programme of all three institutions by the end of 1972.

Sex Education

A Family Life Education programme began in 1970 under the auspices of the Ministry of Education. In 1973 the programme will start at student level, after three years of teacher training and curriculum design. Ultimately the target is to reach students from kindergarten to secondary school. UNFPA and UNESCO are supporting the programme.

External Assistance

IPPF gives financial support to the ADS, as does USAID. USAID assists ISSS and the Ministry of Public Health.

The Population Council supports the ADS Training Centre.

Pathfinder Fund has supplied contraceptives and literature, as has SIDA. UNFPA has provided funds for Teacher Training and sex and family education.

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Situation Report

Distribution *

FILMED FROM BEST AVAILABLE COPY

Country HONG KONG

Date SEPTEMBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

ED 070598

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,034 sq. kms.
Population	2,013,000 (1952)	3,075,000	3,950,802 (1971)[2]
Population growth rate		2.9%	1.9% (1963-71)[2]
Birth rate	32.6	36.0	18.9 per 1,000 (1970)[1]
Death rate	10.2	6.2	5.1 per 1,000 (1970)[1]
Infant Mortality rate	99.6	41.8	19.6 per 1,000 (1970)[2]
Women in Fertile Age group(15-44)			797,200 (1970)[2]
Population under 15			37% (1970)[2]
Urban population			85% (1971)[2]
GNP per capita			US$850 (1969)[3]
GNP per capita growth rate			8.7%(1960-69)[3]
Population per doctor	3,400	2,900	1.418 (1970)[2]
Hospital bed per 1,000 population			403 (1970)[2]

1) UN Demographic Yearbook

2) Statistics provided by the Family Planning Association of Hong Kong

3) World Bank Atlas

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Hong Kong is one of the world's most densely populated areas. In 1969, the population density was 3,359 per sq. km. Hong Kong is a British colony and one of the main tourist centres of the Far East.

Ethnic

98.6% Chinese

Language

English is the official language. Cantonese is universally spoken and Mandarin widely understood.

Religion

Buddhism is the main religion. Confucianism and Taoism are widely practised. There are some 250,000 Christians of all denominations.

Economy

Hong Kong is a free trade area and one of the principal entrepot ports of the world. Industry has expanded rapidly in recent years, and manufactured goods, particularly textiles and electrical goods make up 75% of total exports.

Communications/Education

Daily Newspapers: 74 with a total circulation of 1,936,000 i.e. 485 per 1,000 (1969).

Radio: 169 receivers per 1,000 (1969)

Television: 40 receivers per 1,000 (1969)

Education in Hong Kong is neither free nor compulsory. Public and private schools provide primary, secondary and higher education. In 1969, 80.5% of primary school children were admitted to day secondary schools. There are two universities.

FAMILY PLANNING SITUATION

A government supported voluntary Family Planning Association provides extensive family planning facilities throughout the colony.

Attitudes

The Government has supported the FPA financially since 1955; this support has increased up to the 1972 level, which was a grant of some US$254,545.00. The Government has provided facilities for clinics - 80% of the Association's clinics are so housed.

A scheme has been organized whereby government doctors can either prescribe contraceptives for patients, who then obtain supplies from the FPA, or refer patients directly to FPA clinics.

The Government also allows the Association occasional broadcasting facilities, interviews and discussions.

There is growing pressure on the Government to openly adopt a family planning policy. However, the colonial nature of the Government makes it wary of introducing controversial measures. The Government's cautious attitude has hindered the Family Life Programme to some degree.

FAMILY PLANNING ASSOCIATION

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	Director:	Professor G. King
	Executive Secretary:	Mrs. Peggy Lam
	Medical Director:	Dr. May Wei
	Clinic Supervisor:	Mrs. Dora Choy

History

Family Planning was introduced to Hong Kong in 1936, by the Hong Kong Eugenics League, and five clinics were operating by 1940. The FPA was formed in 1950: interest in family planning increased as massive immigration from Mainland China added to Hong Kong's overcrowding, and 2 clinics were operating again by the end of 1951. The Association was one of the founder members of IPPF in 1952.

The Family Planning Association is run by a voluntary Council of up to 26 members which meets quarterly and a small Executive Committee is responsible for the administration of the Association.

The Association receives support from both the Government and private organizations, such as the Jockey Club, and in 1955 a headquarters building was erected on land donated by the Government.

Services

At present there are 46 female clinics providing 189 sessions per week and 2 male clinics operate per week. The decline in number of clinics from 54 to 48 is due to the Association's policy of providing more full time and less part time clinics.

A new clinic has been opened in Farling Hospital in the New Territories. Two more clinics are planned for 1972 and 4 for 1973. A new Centre is being built at Yuen Long and should be opened in 1973.

Year	No. of Clinics	Total Attendance	Total New Cases
1952	5	6,914	3,043
1957	14	25,939	6,850
1962	43	76,742	13,046
1966	54	146,282	23,031
1967	55	143,673	19,292
1968	49	204,927	26,588
1969	54	273,766	30,886
1970	54	284,069	30,470
1971	46	347,894	31,808

The 1971 figures represent an 18% increase in total attendance and a 4% increase in new acceptors.

Methods

IUD trials began in 1963 and oral trials in 1957. Injectables were introduced in October 1967 and all methods are now available at all clinics. In June 1967 a new IUD, the Hong Kong Triangle, was developed by Prof. Daphne Chun.

Methods chosen by new patients (percentages).

	1966	1967	1968	1969	1970	1971
Orals	3	15	45	60	68	70.6
IUD	52	37	21	13	9	6.0
Condom	34	32	14	11	8	11.5
Injectables	-	-	4	3	5	3.6
Sterilization applied for	-	-	3	3	3	1.6
Diaphragm, jelly, etc.	3	3	1	1	2	1.8
Others and non-users	8	13	12	9	5	4.9

There has been a continued increase in the number of patients using oral pills. It is the main method requested by patients in the young age, low parity group. During the first seven months of 1971 the proportion of new acceptors using this method increased to 77%. Adverse publicity after a large number of loops had broken in the uterus caused a notable drop and the decline still continues. Only 6% new acceptors in 1971

compared with 9% in 1970. The number of condom acceptors rose to 12% in 1971 from 8% in 1970.

Costs

Patients pay US$0.16 (HK$1.00) registration fee or US$0.08 (HK$0.50) if they bring an introductory slip issued by an Association welfare worker, and there is a small charge for condoms and diaphragms. IUDs are fitted free - all charges are waived if necessary. Orals - HK$1.00 per month (US$0.16). No prescription is required for oral contraceptives.

Other Services

The FPA offers sub-fertility and marriage guidance services. In 1970 there were 1,811 attendances at the sub-fertility clinic and 480 attendances at the "Married Life Information Centres".

The Papanicolau smear service has been extended to all women over 35 years of age and any suspicious cases. Usually they are provided free of charge.

	1967	1968	1969	1970	1971
No. of smears	2,172	13,210	14,981	10,807	12,019

A vasectomy service is provided in the Fanling Hospital. The demand for vasectomy is not great but the Association aims to provide, at a reasonable cost, the facility for those requesting it.

1971 Staffing:

24 full-time doctors
6 part-time doctors
1 voluntary doctor
38 full-time nurses
101 field-workers, social workers and clinic clerks

The Association also carried out follow-up activities. In 1970 a total of 50,144 follow up letters were sent out which resulted in 59% of the recipients revisiting the clinics.

Information and Education

The Family Planning Association of Hong Kong uses all possible media in order to disseminate information on family planning. The Publicity Section prepares and produces material on family planning for public information, utilizing the press, radio, television, films, posters and pamphlets.

A sewing contest was held for patients of the Family Planning Association and a photographic contest was planned for summer 1972. The aim is to stimulate interest in the Association and to publicize their activities.

Exhibitions

In February 1972, the Association took part in a Fisheries exhibition for which the Publicity Section designed the display

units and produced a pamphlet orientated towards the fishing population.

During 1971 the Association participated in the Annual Industrial Fair, an Exhibition on Conservation of Environment and a World Health Communications Congress.

Radio and Television

Two cartoons - "Happier Families" and "The Most Intelligent Human Being" were shown daily on both television channels and released in a number of local cinemas.

Representatives of the FPA were interviewed in a series of television programmes called "Health in Hong Kong".

A small scale survey was conducted among patients in order to assess the efficiency of communication channels used by the Association. Television was found to be the most effective media, followed by radio and newspaper.

Family Life Education

This section of the FPA is expanding rapidly. The Association plans to produce new booklets, pamphlets and course material to meet the demand for information.

Two section seminars have been held for teachers. The response to these was good. Regular training courses for youth leaders will commence later in the year.

The Association plans to make a film to supplement their source material for Family Life Education. The film library will be expanded and films dubbed into the local dialect.

Training

Pre-service orientation courses are run for new staff and refresher courses for established members of the Association.

Education programmes are run for welfare workers, nurses, social workers and other interested groups. These are of half or one day duration.

Regular seminars are organized for staff of welfare and governmental agencies. These are of longer duration, 4 sessions of 3 hours over a number of weeks.

It is hoped to offer a regular, intensive training course to professional personnel in outside organisations.

Fieldwork

Up to 1967, the field workers programme was concentrated on random home visiting. Following an efficiency survey in 1967, this programme has been reorganized. Welfare workers now concentrate on MCH centres and other health institutions, particularly post-natal clinics and home visits are still made on request.

A comprehensive case record system is in force, in which each contact a field worker makes is followed up within 3 months if no clinic visit has been made. An introductory slip is given to patients at the first meeting. In 1970, a total of 29,999 slips were accepted by eligible contacts. Home visiting is also used to follow up lapsed patients. In a recent project, about 50% of lapsed patients were contacted. 30% of these were still practising family planning, and 50% were persuaded to return to the clinics. Every effort is made to follow up all IUD insertions within 5 days of insertion to try and reduce IUD drop out rates.

The following summary shows the various contacts made by the section during 1970:

a)	Persons interviewed in Maternal and Child Health Centres, Hospitals, Clinics and Birth Registries	237,614
b)	Home Visits:	
(1)	Follow-up visits referred by Clinic Section of cases failing to return on schedule	11,156
(2)	Home-visits for research purposes	352
(3)	Follow-up home visits to persons contacted at MCH Centres, etc. who had accepted slips but had not yet attended clinics	10,643
(4)	Home visits on door-to-door basis publicizing new clinics	13,688
(5)	Home visits to cases referred by Resettlement Officers	207
(6)	Home visits to cases from Private Maternity Homes, referred by Medical & Health Department	451
	Total Number of Persons Contacted	274,111

In 1971 the Social Work Section of the FPA intensified its approach to industry, rural areas and resettlement areas. A new programme aimed to improve contact with the rural population has been launched. The new centre at Yuen Long will provide a base from which welfare workers can contact the rural population.

A telephone enquiry service was started by the FPA in July 1969. 46 welfare workers were engaged in this work. In 1970 438 telephone calls and 65 letters of enquiry were received.

Research and Evaluation

The birth rate in Hong Kong declined by 47% between 1960 and 1970. The decrease after 1965 can be attributed to a genuine decline in the fertility of married women. In 1969 it was

estimated that 31.3% of women of childbearing age were using a contraceptive method either through FPA clinics or privately. The number of births decreased from 79,329 in 1969 to 77,465 in 1970 in spite of the increase in the number of married women in the young fertile age group. 1970 was the seventh successive year in which registered births decreased.

Since 1966 the FPA has been more successful in attracting women in the younger age groups, with a lower parity and a higher educational level.

Characteristics	1966(%)	1967(%)	1968(%)	1969(%)	1970(%)
Age under 25	18	21	27	32	35
Parity 0-1	12	19	24	30	33
Primary School +	66	71	77	80	83

Welfare workers and old patients continue to be the main source of referral of new patients. In 1970 they accounted for 90% of all new patients.

Source of referral	1968	1969	1970
Welfare workers	49%	53%	55%
Old Cases	41%	37%	35%
Mass media and others	6%	5%	10%

The FPA carried out several studies on the acceptance and effectiveness of oral pills, different types of interuterine devices and injectables. Reports are available on the following studies:

An Analysis of Acceptance Rates for the Period 1961-68
A Study of the MCH Population
A Report on the Clinical Findings and Two-Year Follow-up of 1,383 Treated by 3 monthly injections of Depo-Provera

An IUD Clinic Reassurance Project is being conducted in order to ascertain the effects of early clinic visits on the confirmation rate. 1,688 IUD users were included in this study.

A study on the "Impact of Industrialisation on Fertility" is being conducted in conjunction with the Chinese University. It is hoped that the data collected on knowledge, attitudes and the practice of family planning will enable the Association to evaluate its present programmes and to formulate new policies. The last survey of this subject was carried out in 1967.

Clinical trials of oral pills and IUDs will be carried out. The Association aims to improve its vasectomy service and to expand its pap. smear programme. Smears will be examined at a local hospital on behalf of the FPA.

Other Organizations

International Planned Parenthood Federation provides assistance to the Family Planning Association.

American Friends Service Committee has conducted motivation and family planning education projects, and is now concentrating on the specific problems of the high IUD drop out rate, and how to overcome it. It has also helped to finance the Urban Family Life Survey at the Chinese University.

Population Council - Hong Kong is taking part in the post-partum IUD insertion project at 3 MCH Centres and 6 hospitals inder the supervision of Professor Dodds.

Michigan Population Studies Centre is conducting an age specific birth rate study.

Church World Service helped to pay salaries of social workers and welfare workers up to March 1969.

OXFAM helped to finance clinic services by paying some salaries and providing contracentive supplies.

CARE gave financial assistance to the Association in 1971.

Cambridge University Campaign for World Development and Unitarian Service Committee of Canada also help financially; of the local charities, the Hong Kong Jockey Club has given the most support.

US/AID provides commodities and equipment

The Catholic Church runs its own clinics for the rhythm method.

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Situation Report

Distribution *

Country **JAPAN** Date **SEPTEMBER 1972**

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

ED 070598

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			369.881 sq. kms.[1]
Total Population	82,900,000	93,210,000	103,720,000 (1970)[1]
Population Growth Rate	1.3%	0.9%	1.1% (1963-70)[1]
Birth Rate	23.7 per 1000	17.2 per 1000	18.8 per 1000 (1970)[1]
Death Rate	10.0 per 1000	7.6 per 1000	6.9 per 1000 (1970)[1]
Infant Mortality Rate			13.1 per 1000 (1970)[1]
Women of Fertile Age (15.44)			26.3.million (1970)[2] Estm.
Population under 15			24%[3]
Urban Population			68%
GNP per capita (US$)	284(1958)	559(1963)	1,430 (1969)[4]
GNP per capita growth rate			10.0% (1960-1969)[4]
Population per doctor	1000	920	898 (1969)[1]
Population per hospital bed			79 (1970)[1]

1) UN Statistical Year Book 1971

2) UN Demographic Year Book 1970

3) Population Reference Bureau, World Population Data Sheet 1972

4) World Bank Atlas 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Japan forms a curved chain of islands off the coast of east Asia. Population density was 280 per km. in 1970. Three conspicuous urban-industrial concentrations centered upon Tokyo, Osaka and Nagoya, contain more than a third of the population. With 7 cities containing populations of 1 million and over and additional 124 cities with population of 100,000 to 1 million, Japan is the most urbanised country in Asia. Tokyo, the capital of Japan and largest city in the world, has a population of over 10 million.

The Emperor is the Head of State, but has no governing power. The executive power lies with the Cabinet consisting of the Prime Minister and ministers of state.

Ethnic Groups

Apart from the very small number of Ainu, a people who exhibit certain Asian characteristics, the Japanese population is ethnically uniform. The Japanese people exhibit Mongolian and southern Pacific racial strains.

Language

Japanese is the official language.

Religion

Major religions are Shinto and Buddhism. There is a minority of Christians.

Economy

Japan is not well-endowed with natural resources and has to depend heavily upon imported minerals. Japan has achieved and maintained a very high rate of economic growth since the Second World War based on the promotion of manufacturing industries for export. The New Economic and Social Development Plan (1970-75) envisages a continued average growth rate of 10.6%. Agriculture plays a relatively important part in the national economy, about 8% of the national product but has declined recently. Main products are rice and fish.

Japan gives aid to developing countries through bilateral agreements, private investments, technical assistance and international agencies.

Communications/Education

In 1971/2 there were 174 newspapers with a circulation of 53.022 million, i.e. 1.8 newspapers per household. In 1968 there were 25,742,000 radio receivers and 21,027,000 televisions in use.

Education is compulsory and free for 9 years (6.15 years of age) in elementary and secondary schools. There were 11,684 secondary schools, 4,827 high schools and 479 junior colleges in 1970. Higher education can be obtained in over 562 colleges and universities. In 1960, 99.8% of men and 99.9% of women were literate.

Medical/Social Welfare

About 90% of the population are insured under schemes covering health,

welfare annuties, industrial accidents etc. In 1968 there were 37,272 hospital establishments: 111,126 physicians: 35,878 dentists: 61,285 pharmacists: and 280,037 nurses/midwives providing medical services.

FAMILY PLANNING SITUATION

Family Planning is an accepted part of Japanese life, practised by more than half of the fertile population; the Government has supported voluntary and local government family planning activities since the early 1950s.

The Government programme works through the Ministry of Health and Welfare; the Institute of Population Problems and the Institute of Public Health. The Family Planning Federation of Japan is mainly responsible for the I & E programme whilst the Japanese Organisation for International Co-operation in Family Planning (JOICFP) channels Government aid to Asian countries. Japan has the slowest population growth in Asia. Since 1948 the rate in growth has been cut in half in a decade; from nearly 2% to around 1%.

Legislation

Orals are illegal as contraceptives, but are available for purposes other than contraception. IUDs are illegal except for experimental purposes. In 1965 the Government promoted a Maternal and Child Health Bill which includes family planning in the maternal and child health and public health services as a normal health measure.

Abortion

The Eugenic Protection Law of 1948 has made abortion legal.

FAMILY PLANNING FEDERATION OF JAPAN

Address:

Family Planning Federation of Japan
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Personnel:

Hon. President	:	Mr. Nobusuke Kishi
President	:	Prof. Yoshio Koya, M.D.
Vice Presidents	:	Mrs. Shidzue Kato
		Prof. Juitsu Kitaoka
		Mrs. Fuku Yokoyama
Chairman, Governing Body	:	Prof. Takuma Terao
Secretary-General	:	Mr. Chojiro Kunii
Executive Secretary	:	Mr. Yasuo Kon

History

In 1954, the FPFJ was formed to co-ordinate the various groups working in the family planning field and to provide a single organisation for

IPPF membership. It became IPPF member in 1954. The Fifth International IPPF Conference was held in Tokyo in 1955 and added impetus to the Japanese Federation's efforts to spread family planning throughout the country. The IPPF Western Pacific Region Headquarters are at present in Tokyo.

The Federation does not have clinics of its own but conducts medical research, seminars, training courses, and takes part in fund raising activities for overseas family planning programmes. Its member organisations, which produce the family planning publicity and education material for the local authority programmes, support themselves by selling contraceptives.

Training

The FPFJ was instrumental in establishing the Japanese Organisation for Internation Co-operation in Family Planning in 1968. Together they are responsible for the national training programme.

Since 1969 the FPFJ has organised the following training courses:

1) A training course for family planning workers is run twice a year. 50 nurses and 50 midwives attend each course.

2) A training seminar on Eugenic Marriage is run twice a year. The Federation trains family planning workers to become expert counsellers on marriage problems, particularly those of heredity. 100 people are trained at each course.

In co-operation with JOICFP and the Ministry of Foreign Affairs

1) A group training course for participants from Asian countries is organised, providing basic knowledge of family planning and its techniques. In 1972 18 participants are expected to attend.

2) A seminar for family planning leaders is held for senior officials from 10 Asian countries. 24 participants will take part in 1972.

3) Seminar in the use of mass media for family planning. The purpose of this seminar is to introduce to participants the audio visual aids and materials available for use in family planning.

4) A seminar to study demographic statistics in relation to population problems is run for about 18 administrators and family planning workers from Asian countries.

Education and Information

Family Planning education is mainly the responsibility of FPFJ. Information and education work is expanding in 1971/2 in particular to back up the 2nd Asian Population Conference to be held in Tokyo in November 1972. There are no regular staff at the Federation to deal with information and education; according to necessity special committees are called to produce films, slides, books etc.

Each year the "All Japan Family Planning & MCH Convention" is held for family planning workers.

Since 1967 the FPFJ has worked in co-operation with the Mainchi Newspapers on public opinion surveys on abortion and contraception.

A special effort has been made since 1963 to reach the newly weds the 25-29 age groups which have the highest abortion rate.

The educational material produced by the member organisations of the FPFJ is sold to the local authorities, to private family planning instructors, to industrial firms and to other private groups. The FPFJ produces leaflets, pamphlets, wall-charts, flip cards, pelvic models, family planning kits, film strips, film taperecordings, manuals and textbooks on contraceptive methods. This material is frequently demonstrated and distributed to family planning workers during refresher courses.

In 1972 a good deal of emphasis is being given to the fund raising efforts carried out by JOICFP. JOICFP produces a fund raising journal "World and Population". Until recently it has been issued bi-monthly; from 1972 it will be produced monthly. Other publications include: "Family Planning" a monthly newspaper and "News of Family Planning" a monthly paper produced by Tokyo FPA.

The Federation is planning to publish serial editions translated from foreign literature related to family planning to stimulate governmental officers and economic leaders. So far they have published "The Family Planning Services and Population Research Act in 1970" and "Presidential Message on Population".

Research

The FPFJ has three specific committees dealing with research; The Medical Committee undertakes research on IUDs especially the Ota-ring.

The Committee on Eugenic Matters, works for the retention of the "Eugenic Protection Law" and thus promotes the health and welfare of mothers and children.

The Population Committee undertakes research into population problems.

GOVERNMENT PROGRAMME

History

Family planning movement started in Japan after the First World War, with a visit by Margaret Sanger in 1922, and the work of Japanese pioneers like Mrs. Kato and Dr. Majima. However, from 1935 to 1945 the Government adopted pronatalist policies, and banned family planning activities.

After the Second World War Japan experienced a sudden population increase due to repatriation, demobilisation and the post war baby boom. In the absence of effective contraceptives, the people resorted to induced abortion on a massive scale, primarily for economic reasons. This forced the Government to pass the Eugenic Protection Law in 1948 to make abortion legal.

In 1949 the Manichi Newspapers Population Problems Research Council was established and recommended to the Government an emphasis on

heavy industry to increase productivity and a family planning programme to control population growth rate.

In 1952 the Government initiated a family planning programme to promote contraception as an alternative to abortion. Voluntary organisations performed the introductory work to the general public and in 1955, the Ministry of Health and Welfare launched a special programme to disseminate the practice of contraception among the indigent families.

Services

The Prefectural and Municipal Governments have been playing leading and supervising parts in family planning services provided on public and voluntary basis. The Health Centres not only routinely provide consultation on family planning, but also frequently organise mothers' class, discussion groups, newly married couples' class, and other group meetings on the subject of family planning. Family planning is given along with other MCH services including post partum education, well-baby clinics and home visits by field workers to new born babies.

Personal guidance is conducted by doctors and "conception control instructors" who are qualified midwives, public health nurses and clinical nurses, specially trained in a formal course given by the Government. In the special programme for indigent families, the costs needed for personal guidance, the contraceptive appliances and chemicals are aided through the expenditure of the Central and Local Governments. However, the scope of this project has diminished in recent years.

In 1966 there were 826 Health Centres which included family planning in their services; in 1968 the number was 832 and in 1970 about 850. MCH Centres, of which there are about 540, also provide family planning services.

The predominant method used is the condom (50-60%); the rhythm method covers 30-40% and contraceptive jellies, tablets and foam about 5-10%. Very often condoms are used in conjunction with other methods, especially rhythm, and for this reason the total of these percentages exceeds 100%. Although IUDs and Orals are illegal, public access is not denied. Either method is available on prescription; about 9 out of 100 women acceptors in 1969 use the Ota ring. Orals are sold in chemists as cycle regulators.

Although induced abortions have been declining, it is estimated that there are still over a million legal and illegal abortions a year. Abortion is easily available and inexpensive.

Aid

In January 1969, the Japanese Government approved a first grant of $100,000 to the IPPF and has continued providing aid in subsequent years. Apart from assisting international family planning through the IPPF the Japanese Government is giving direct family planning aid as part of a medical aid programme to Asian countries which requested it.

Research

Most of the work done in this field is carried out by the Institute of Populations Problems and the Institute of Public Health. The Institute of Population Problems concentrates on socio-economic questions relating to family planning. The Institute of Public Health conducts research on medical aspects of family planning such as follow up use of the Ota-ring and problems related to induced abortion.

OTHER ORGANISATIONS

The Manichi Newspaper Population Problems Research Council has pursued research into family planning and abortion in Japan. It publishes its family planning Surveys between 1950-1970. In July 1970 an overall review of the past ten surveys was published:"Japan's Population Revolution", (in Japanese).

JOICFP was set up to channelise private aid into family planning needs of other Asian countries. It has provided commodity assistance to Indonesia, Phillipines and Korea with donations from Japanese Ship-Building Industry Foundation and other industries.

Besides the services provided through the governmental scheme, some of the big enterprises such as Nippon Kokon, The Iron Company, the Japanese Railway and 68 public enterprises have taken up guidance on family planning as one of the welfare measures for their workers. The motto is "Safety in the factory comes from happiness in the home; happiness at home begins with family planning". Recently their efforts have declined because of the industrialists concern over labour shortage.

EVALUATION

Entering the 1970's, the Japan family planning movement is going to have a broader meaning and significance, especially in connection with:

1) The increase in (a) nucleus families,
(b) homes of both husband and wife working,
(c) dwellers in housing project,
means the further rise in the need of family planning and maternal and child health programmes.

2) Those born in the baby-boom years after the war are now in marriageable age.

3) The interconnections between environmental pollution and population problems and MCH are now becoming apparent.

On 5th August 1969 the Council on Population Problems submitted an interim report on "The Trend of Japan's Population Reproduction" to the Minister of Health and Welfare. The report suggested that Japan's population might decline in the next decade; and a fear was expressed amongst industrialists that this would aggravate the labour shortage which was already causing them concern. Some population experts have denied this and claim that the labour troubles are due to 'wastage' of resources rather than a shortage. Controversy continues.

The Government is to introduce a family allowance scheme and this may encourage couples to have more children. A poll taken by the Mainichi Newspapers Population Problems Research Council indicated a possible rise in ideal number of children from 2 to 3.

Concern is being expressed over the high abortion rate in Japan. Religious groups and other bodies concerned with a decay in sexual morality are seeking to reform or abolish the Eugenic Protection Law. The matter is under discussion with governmental authorities.

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FPFJ Annual Report to IPPF.

Situation Report

Distribution *

Country NIGERIA

Date OCTOBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

ED 070598

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			923,768 sq.kms.
Total Population			55,074,000 (1970)[1]
Population Growth Rate			2.5% (1963-70)[1]
Birth Rate			49.6 per 1,000 (1965-70)[1]
Death Rate			24.9 per 1,000 (1965-70)[1]
Infant Mortality Rate			Not Known
Women in Fertile Age Group (15-44)			13,937,572 (1963)[1]
Population under 15 yrs			43% (1963)[1]
Urban Population			16.1 (1963)[1]
GNP per capita growth rate			-0.3% (1960-69)[3]
GNP per capita			US$80 (1969)[2]
Population per doctor			28,890 (1968)[4]
Population per hospital bed			2,240 (1968)[4]

1. UN Demographic Yearbook 1970
2. Local estimate
3. World Bank Atlas
4. UN Statistical Yearbook 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Nigeria, a federation of 12 states on the west coast of Africa, became an independent member of the British Commonwealth in 1960. Nigeria is by far the most populous country on the African continent. A civil war disrupted the country between 1967 and early 1970. The Government is now engaged on a reconstruction programme particularly for those areas most affected by the war.

Lagos, the Federal capital, had a population of 665,000 in 1963. 23 other cities had populations of 100,000 or more, and the urban population growth rate between 1965-70 was estimated to be 3.8% per year. There is considerable disagreement among experts on the country's vital statistics, but a census is planned for November 1973.

Ethnic Groups

There are 250 tribal groups, the largest being the Hausa and Fulani in the North, Yoruba in the West, Ibo, Ibibeo and Ijaw in the East, and Edo plus a number of Ibo, Ijaw and other groups in the Mid-West.

Language

English is the official language. Hausa is spoken in the North, Ibo in the East, Yoruba in the West and Edo in the Mid-West.

Religion

Islam predominates in the North and part of Western Nigeria. The 1963 census recorded over 19 million Christians.

Economy

About 70% of the working population is engaged in agriculture and related activities. Major export crops are groundnuts, groundnut oil, cocoa, palm kernel, palm oil, cotton and rubber. The country has rich mineral resources and the share of mining in gross domestic product has risen rapidly in recent years. Crude petroleum is now the country's principal earner of foreign exchange. Other minerals include coal, tin, columbite, lead, gold and zinc. Industry and commerce are of growing importance. The economy is still suffering from the disruption caused by the civil war.
Main exports in 1970, in order of importance, were: petroleum, cocoa, groundnuts, tin, groundnut oil and rubber.

Communications/Education

Road transport is the main form of communication between states, although the railway still plays a vital role in the country's commerce. Principal ports are Lagos, Port Harcourt, Warri and Calabar. There are international airports at Lagos and Kano.

Radio:	55.5 sets per 1,000 people (1970)
Television:	1 set per 1,000 people (1970)
Cinema:	2 seats per 1,000 people (1970)
Newspapers:	7 copies per 1,000 people (1966)

Radio broadcasts are in English and some 16 local languages. There are 8 daily newspapers.

School enrolment 1966: primary - 3,025,981 secondary - 211,305

Literacy of those over 15 years old has been estimated at under 20%. There are 6 universities, several institutes of technology, agricultural schools, a school of forestry and school of dental hygiene.

Medical

There are 3 medical schools attached to universities in Lagos, Ibadan and Zaria. 3 more were expected to be established during 1971-72. A National Provident Fund provides for sickness, retirement, old age and unemployment. Illegal abortion is increasingly being recognized as a problem.

FAMILY PLANNING SITUATION

In the 1970-74 Development Plan the Government announced its intention toestablish a National Population Council to coordinate external aid and to encourage a qualitative population policy by providing family planning through existing health services. Few positive steps have yet been taken towards implementing such a policy, and the main responsibility for providing family planning service rests with the association, the Family Planning Council of Nigeria (FPCN). FPCN has branches in 6 of the country's 12 states, and services are available in 4 others through mission and state hospitals.

History

During 1956-57, representatives of the Pathfinder Fund and the Marriage Guidance Council, concerned about the number of illegal induced abortions, stimulated the establishment of organized family planning. A single clinic was run by Dr. O. Adeniji-Jones, Medical Officer of Lagos City Council, until 1964 when the National Council of Women's Societies set up an advisory committee on family planning with funds from the Pathfinder Fund, IPPF and the Unitarian Universalist Service Committee. In the same year this committee became the Family Planning Council of Nigeria. FPCN became an IPPF member in 1967.

Attitudes

A number of different studies indicate that approval of family planning is increasing, particularly with greater urbanization and education, and that the number of children desired by each couple is decreasing. It is, however, estimated that about 80% of the women practicing family planning do so without their husband's consent.

Legislation

There is no anti-contraceptive legislation.

FAMILY PLANNING ASSOCIATION ADDRESS

Family Planning Council of Nigeria,
100 Herbert Macaulay Street,
Ebute-Metta,
P.O.Box 3063,
Lagos.

Cables and Telegrams: Famplanco Lagos.

Personnel

Chairman	Mr. Justice Mohamed Bello
Vice-Chairman (Lagos)	Dr. B.A. Dada
Vice-Chairman (outside Lagos)	Mr. A. Sanni
Treasurer	Mr. L. Ayanniyi
Executive Secretary	Mr. Samuel L. Ojo

Services

Nearly all FPCN clinic sessions are held in Government, mission or private hospitals and health centres. The Council directly assists with funds for salaries, training, contraceptives and other materials 41 clinics in 6 states. A mobile clinic began functioning in the Lagos area in June 1971. During 1971, FPCN recorded a total of 47,460 patients, of which 13,320 were new acceptors. The association has tried to encourage the use of the IUD because of the degree of illiteracy and cost, but the pill was slightly more popular than the IUD in 1974. Injectables are increasingly in demand. Figures for the first half of 1972 showed a total of 31,000 patients, of which 9,186 were new acceptors. Services offered by FPCN also include treatment for infertility. Over 5,000 cases were seen in 1971.

Cytology services are offered at Ibadan University Teaching Hospital, and by the end of 1971 a total of 1,900 patients had been screened. This project, originally financed by IPPF, is now funded locally.
At present most service is given by doctors. 37 part-time doctors staffed FPCN clinics in 1971. There are some moves towards training nurse/midwives as family planning nurses.

Information/Education

FPCN now has a full-time Information and Education Officer, together with 4 assistants in Ibadan, Benin, Ilorin and Kaduna. Information and education activities during 1971 included 98 meetings for a variety of audiences, 4 seminars and 2 conferences and participation in 3 exhibitions in Lagos, Irrua and Ibadan. Over 30,000 leaflets and pamphlets, mostly produced by the association, were distributed, and the first edition of a Newsletter was published in 1971. Articles (53) and advertisements appeared in the press, and some use was made of radio and television. 15 programmes on various aspects of family planning and 164 spots were broadcast on radio.

IPPF with the co-operation of FPCN has made a film in the Yoruba language, with English and French editions, entitled 'My Brother's Children'. This was filmed in a Nigerian village using a troupe of well-known Nigerian actors lead by Kola Ogunmola. The film and supporting materials, which include a comic, car stickers and posters, were designed to be shown primarily to the 12 million Yoruba-speaking peoples of the western part of Nigeria. The film was officially launched during the FPCN's nation-wide family planning week at the end of November 1970. An evaluation of the film campaign and analysis of the film presentation and content is in the process of being carried out by the Department of Sociology at Ibadan University under the leadership of Professor F.O. Okediji, for the IPPF and FPCN. Considerable use has been made of the film, and the evaluation team is expected to present its initial findings before the end of 1972.

FPCN has placed some emphasis on contacting youth as a target group, for example, by providing technical assistance to the World Assembly of Youth seminars on Youth and Family Planning. The Information and Education Department of FPCN co-operated with the National Youth Council of Nigeria to produce educational materials for these nation-wide seminars.

A special awareness and motivation campaign together with an incentive scheme for fieldworkers was launched in the first half of 1972 and is reported to have already produced results in terms of increasing numbers of new acceptors.

Over 100 fieldworkers were employed full-time by FPCN during 1971. It is planned to increase the fieldworker force at branches up-country.

Training

FPCN has for several years run ad hoc training courses for doctors, paramedicals and fieldworkers. A more regular system of six-week courses held three times a year for paramedicals has recently been introduced. 38 nurses/midwives/community nurses attended these courses in 1971 receiving training from both FPCN, Government and University personnel. An additional 15 were trained in the first half of 1972.

Research and Evaluation

FPCN continues to take part in the trial and documentation of the injectable Depoprovera. Data comes from 3 clinics.

A study of the socio-economic impact of the Council's clinics in the Lagos and Western States has been carried out by Professor Okediji of the University of Ibadan. Professor Okediji is also engaged in the evaluation of the film 'My Brother's Children".

A nation-wide knowledge, attitude and practice survey was begun at the end of 1971. The first part of the survey, which is being conducted by the Demographic Research and Training Unit of the University of Ife, covers parts of Kwara, Western, Midwestern and Lagos States. Enumerators visit houses in urban and rural areas interviewing married women aged between 14 and 49 and their husbands.

Fund Raising

An attempt was made at the beginning of 1972 to raise funds for the Council locally.

OTHER ORGANIZATIONS

IPPF provides an annual grant to FPCN

United Nations: The United Nations Development Programme supports the research and training programme of the Department of Paediatrics of the University of Lagos. World Health Organization has assisted a training centre in Lagos which includes family planning in the curriculum UNFPA is considering grants for pilot projects covering family planning within MCH in Mid-West and Kano States.

USAID is expected to give assistance for training nurse/midwives in family planning and child care.

Ford Foundation gave a grant to FPCN in 1972, and is expected to assist with training at the University of Ibadan. Travel study grants have been given to numerous individuals. Ford Foundation West Africa Regional Office is located in Lagos.

Population Council supports post-partum programmes at Lagos Island Maternity Hospital and Ibadan University College Hospital, and has also helped finance an evaluation study of family planning services at Zumma Memorial Hospital, Irrua. A number of fellowships have been given, and grants for demographic research and training made to the University of Ife and Ahamadu Bello University.

Pathfinder Fund has given assistance to FPCN.

The Christian Council of Nigeria supports family planning work and is co-operating with the FPCN in seeking ways of effectively distributing contraceptive supplies and other equipment to Church-related institutions and hospitals in Nigeria.

WAY held its first national seminar on Youth and Family Planning in Lagos in October 1971. 32 participants representing 9 states took part.

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Situation Report

Distribution *

Country REPUBLIC OF KOREA Date SEPTEMBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

ED 070598

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			98,477 sq. km.[1]
Total Population		24,696,000	31,489,132 (1970)[2]
Population Growth Rate		2.9%	1.9% (1970)[2]
Birth Rate	45	44.7	29 per 1,000 (1970)[2]
Death Rate		16	10 per 1,000 (1970)[2]
Infant Mortality Rate			60 per 1,000 (1970)[2]
Women of Fertile Age (15-44)			4,000,000 (1970)[2]
Population under 15			42% (1970)[2]
Urban Population			40%+ (1970)[2]
GNP per capita	$121(1958)	$126(1963)	$200 (1970)[3]
GNP per capita growth rate			6.4% (1960-1969)[4]
Population per doctor	4,500	3,000	1,236 (1969)[1]
Population per hospital bed		2,656(1962)	1,914 (1969)[1]

1) UN Statistical Yearbook, 1971

2) October 1970 National Census results

3) Figure provided by the Planned Parenthood Federation of Korea

4) World Bank Atlas, 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Republic of Korea is administratively divided into 9 provinces and 2 special cities, Seoul and Pusan. The capital is Seoul with a population of 5,500,000 and a growth rate of about 7%. Pusan (pop. 2,000,000) and Taque (pop. 1,000,000), are the major cities. Population density in 1970 was 320 people per square km. The problem of density is still more acute, however, because only 1/5 of the land is arable and because of rapid urbanization. The total number of households in 1970 was 5.9 million, with an average household size of 5.4 members.

Ethnic

Korean - there are no significant minority groups.

Language

Korean.

Religion

About 12% of Koreans declare a religion and about half of these are Christian and half Buddhist or Confucianist. The influence of Buddhism and Confucianism, however, is great in shaping the social attitudes of the general population. The tradition of large families and the preference for sons is strongly entrenched in the Korean social fabric and only the idea of large families is losing importance due in part to the experiences of the Korean War, and the desire for economic prosperity of each family - a measure of the rapid development of the country. There is no strong religious opposition to family planning.

Economy

Of the population 15 years of age and over, 55% are economically active. From 1963 to 1967 the number of people working in primary industries (agriculture, forestry) decreased from 63% of the economically active population to 55%. The main agricultural products are rice, wheat and barley. Korea's principal trade is with the USA and Japan (rubber goods, plywood, textiles, toys). The number working in tertiary industry (service, transportation, commerce and government) has increased to 30% of the economically active population.

Communication/Education

Education between 6 and 12 is both free and compulsory, and it is planned to extend compulsory education to age 15. Already examinations for entrance to middle school have been eliminated. The school enrollment is 95%. There are over 6,000 elementary schools, 1608 middle schools, 889 high schools, 68 colleges and universities, and hundreds of institutes of further education and training. The literacy rate according to the 1966 census was 93% for males and 78% for females, and was substantially achieved through adult education programmes after World War II.

The Republic of Korea has fairly extensive roads and railways. International shipping lines serve the major ports of Inchon and Pusan, and the Seoul (Kimpo) International airport handles frequent domestic and international flights.

There are many radio stations broadcasting in Korean. In 1970 there were 2,600,000 radio receivers and 230,000 television sets with a combined daily audience of more than 16 million. There are 43 Daily Newspapers with combined circulation of over 2½ million.

Medical/Social Welfare

Life expectancy at birth for those born in the 1960's is 55-60 years.

The Government provides social relief service to handicapped war veterans and war widows. Special grants or subsidies are also given to the aged, orphans and disaster victims by numerous official and voluntary bodies.

FAMILY PLANNING SITUATION

The Korean Government has carried out a national family planning programme since 1962 in co-operation with the Planned Parenthood Federation of Korea (PPFK) and some of the larger universities. It was one of the first governments in the world to establish a national family planning programme. The Government provides US$12,345,233, about a third of the family planning budget.

Korea has virtually achieved the target set ten years ago, of reducing the annual growth rate from about 3.0% to 2.0%. In the current five year plan the aim is to reach a 1.5% growth rate by 1976 and a further reduction to 1.0% in the 1980's. By 2000 the Government hopes to have reduced the growth rate to 0.5%.

LEGISLATION

The law prohibiting the importation of contraceptives was repealled in 1961. A MCH law which included a provision to liberalize the existing abortion statutes prohibiting abortion was introduced in 1970 but failed. In a recent White Paper the Government has announced plans to legalise abortion.

FAMILY PLANNING ASSOCIATION IPPF Member (1961)

Address

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KOREA

Personnel

Hon. President	Prof. Tai Young Yu
President	Dr. Jae Mo Yang
Vice President	Rev. Hyang Rok Cho
	Mr. Jong Jik Kim
	Mrs. Sin Sil Kim
Chairman, Board of Trustees	Dr. Chong Chin Lee

History

The PPFK was founded in 1961 as a private, voluntary association by young university professors, physicians, educators and government officials to act as a pressure group in persuading the Government to implement a family planning programme. This was achieved within a year. Since then the PPFK has acted to support and supplement the government programme

while drawing attention to programme weaknesses and initiating new projects. The PPFK receives most of its revenue from Foreign donor agencies and 10% of its budget comes from the Korean Government.

PPFK, with a permanent staff of 51 and 74 at branch offices, has been able to implement the information/education programme. It was formerly responsible for training necessary to support the government effort, continues to initiate pilot research and projects, and acts as a channel for foreign assistance towards research and evaluation activities.

Services

The Federation runs 14 demonstration clinics; 3 of them are recent additions constructed to provide for family planning in the urban slums of Seoul. Each clinic has a doctor, a nurse and/or midwife, a technician and a field worker. In 1971 the clinics saw 88,537 people; in 1970 the number was 83,630.

The PPFK indirectly supports the clinics at Seoul National University and Yonsei University Medical colleges, both in the daily running of clinical services and in studies of contraceptives.

All methods are available; in 1971 there were 8,812 IUD acceptors; 701 vasectomies; 21,520 oral acceptors and 3,359 acceptors of conventional methods (including condoms).

Organisation

PPFK is organised on a federated basis with 10 branch offices in provincial capitals and the autonomous city of Pusan. Each office engages in all activities of family planning in accordance with local needs.

Since 1968 the Federation has organised family planning "Mother's classes", the purpose of which is to develop a family planning movement lead by the people themselves rather than by Government organisation. Initially they were started in the legal villages but since 1970 have been extended to administrative villages and urban areas. There are now about 20,000 classes.

Information and Education

With the opening of the Korean Institute of Family Planning in 1971 the PPFK has concentrated on Information and Education and has sole responsibility for family planning education in Korea.

Extensive use is made of all forms of mass media. Television and radio dramas on family planning are produced and the PPFK edited a film publicizing their 10th anniversary.

Use of mass media in Seoul:	Newspapers:	878 reports	11 advertisements
	Radio :	50 times used	programmes
	Television:	21 times used	programmes

The PPFK produced a radio spot announcement giving information on services available and clinic locations. It was broadcast 560 times in 1971. 698 radio and 124 television spots were broadcast during the first quarter of 1972, to advertise the telephone consultation service.

Posters and leaflets are widely distributed. Publications include "Family Planning", a quarterly journal; "Happy Home", a monthly magazine for Mothers Classes and Annual Report and an Activity Report. The Federation organises a large number of seminars for journalists, teachers, youth workers and medical personnel.

Special Projects

1) Stop At Two Campaign

Activities centre around the "Stop At Two Campaign" which started in 1971 with the aim of promoting 2 as the ideal family size without distinction between sexes. In 1972 the Government formally adopted the campaign as national policy. The "Two Child Family Club" was started in 1971 in Seoul. Additional branches have been established in 3 provincial capitals and expansion will continue until each province has a branch club. About 240 couples are members; they receive Federation newsletters and publications and benefit from paying only nominal fees at clinics. A recent survey conducted by PPFK amongst college students suggests that the campaign is successful. 35.5% of students wanted only 2 children; in 1970 the percentage was twice as high. In all, 90% of students knew of the campaign, mainly through the mass media, particularly television

2) Enterprise Project

The project is aimed at informing and motivating employees of large businesses at their place of work. It is to be implemented later in 1972.

3) A pilot project of Telephone Consultation began in January 1972 and will continue until summer. It provides information on various contraceptive methods and MCH problems. The service is advertised in the newspapers. Most inquiries have been about vasectomy and forms of permanent contraception. Initially most inquirers were aged 30-39 but the service is spreading to younger people.

4) Preparations have been made for a mobile van, with an information officer and audio-visual unit, to operate in the "ruban" slum areas of Seoul. 7 additional vans are expected this summer and will be assigned to branch offices to cover slum areas in provincial capitals. In addition a Mother's Class Project is designed to bring family planning to these areas. The project hopes to provide information and motivation and transportation to PPFK clinics. However, the Project has not been as successful as was hoped. Urban mother's organisations are not usually based on neighbourhood groups and field organisation has been very difficult. In future the project will be continued on a reduced level at carefully selected sites.

5) Homeland Reserve Project

This campaign will cover 245 units with a total of 49,000 people all over Korea. The Project will try to persuade Homeland Reserve Forces to include family planning education and information on vasectomy within the existing training courses. In conjunction with the programme PPFK have published 50,000 copies of "Wisdom for the Future" and distributed them to the units.

6) PPFK has designed a comprehensive 3 year Information Education and Communication Project proposal which will integrate mass media, contact

with existing organisations and utilization of interpersonal channels of communication. The proposal is being submitted to UNFPA who will finance the programme.

Training

Since the establishment of the KIFP the Federation has concentrated on training to supplement its I & E programme. In-service training is given to staff, Mother's Class supervisors and leaders. About 700 Mothers Class leaders will have received training by 1973.

Research

A Hospital Project aimed at exploring possibilities of providing family planning through general hospitals was begun in 1972. Regular fees will be paid by the patients. 28 hospitals are participating.

Clinical trials are held and a study of tubal ligation is being undertaken.

GOVERNMENT PROGRAMME

Services

The National Programme has 2,214 field workers in 192 health centres and operates sub health centres in each of 1,473 townships; some 1,142 government designated private doctors work within the programme. Also about 30 hospitals offer family planning facilities. There are 179 health and family planning vehicles including 10 mobile units.

Methods

All methods are available and are provided free apart from orals which cost 10c. per cycle.

	Loop	Vasectomy	Oral	Condom
1964	106,397	26,256	0	156,301
1965	225,951	13,016	0	191,706
1966	391,687	19,942	0	169,610
1967	323,452	19,677	0	152,724
1968	263,132	15,953	52,358	135,191
1969	285,500	15,457	169,297	147,795
1970	295,100	17,321	170,512	162,986
1971	300,000	18,000	180,955	161,689

The Vasectomy programme started in 1962 and is most popular in urban areas. Orals were introduced in 1968. The programme was made possible by a grant of oral contraceptives from SIDA. The rate of discontinuance of the pill is thought to be 50% within 8 months, followed by periods of irregular use.

The loop programme began in 1964. About 47% of all eligible women have accepted the method. Despite this the drop out rate is high.

Discontinuance is highest amongst younger women and in urban areas. Of the 43% who discontinued with IUDs 23% were protected by alternative contraceptive methods and many had abortions.

Information and Education

Information and motivation work for the Government programme is carried out by the Planned Parenthood Federation of Korea (see entry under that heading).

The Ministry of Education, in conjunction with the Central Education Research Unit, is designing and testing educational material for schools, which will be introduced into the curricula of 3 different grade levels next year. PPFK provides technical advice for the project.

At present the PPFK distributes family planning materials to teachers in seven schools. It is hoped that the Government will take over this scheme by 1974.

Training

The training programme is the responsibility of the Korean Institute for Family Planning (opened 1971). The Institute also functions to co-ordinate research and to provide a central information service. The Evaluation Unit for the family planning programme is contained within the Institute.

In 1971 1,389 people received training from the Institute and 161 foreign visitors were given training.

PLANS AND EVALUATION

The National Family Planning Programme works on a target system such that Governmental administrative units are responsible for specified achievement levels. Targets for individual methods were issued in the Government White Paper in May 1972:

Unit: '000 persons

	1972	1973	1974	1975	1976
IUD	300	350	350	350	350
Sterilisation	20	25	25	25	25
Condom (monthly Target)	170	160	170	180	190
Oral (monthly Target)	282	260	280	300	320

Problems

Despite the comparative success of its family planning programme (in 1970 one third of all married couples were using contraceptives) Korea will face a number of problems in the next few years:

1) The decline in birth rate has ceased or is declining at too low a rate to achieve the 1976 target without increased effort by family planning organisations.

2) The number of fertile women will increase from 5 million in 1970 to over 7 million in 1980, because of the post war baby boom.

3) Koreans show continued preference for large families and a desire for sons will cause many families to exceed 4 children.

4) Family planning practice is still low, though it shows signs of increasing: rates were 9% in 1965, 20% in 1967 and 25% in 1970.

5) Decline in population growth rate has been helped in the past by a rise in age of marriage. Now, the age is levelling off and consequently this non-programme factor will no longer be of assistance in reducing rates.

The Government is also concerned that the rate of induced abortion is high. One out of 4 married women had at least one abortion in 1971. In Seoul city about 3 out of 7 pregnancies were aborted. An informational/ educational programme on abortion is needed.

To combat these problems the Government issued a White Paper "National Family Planning Programme" in April 1972. The following policies will be introduced:

1) A population education programme to reduce male preference will be implemented and sex preference in the inheritance law will be corrected.

2) Abortion will be legalised and MCH services developed.

3) A "Population Policy Committee" is to be established under direction of the Prime Minister in order to promote ministerial co-operation.

PPFK's "Stop at Two Campaign" and projects in "ruban" slum areas will complement these activities.

The White Paper also announces that the Government wish to see the national planning programme transferred into a private programme by the year 2000 and for it to be continued thereafter.

AID

The IPPF grant to the PPFK in 1972 was $476,110 and will be $588,376 in the following year. PPFK hopes to receive a grant from the UNFPA for its IE & C programme. Should this be received IPPF funds will be used mainly for administration, salaries, branch extensions, clinical work and some pilot projects.

Other Assistance

SIDA assisted in establishing the Korean Institute for Family Planning. Its functions are: pre and in-service courses for family planning and related health workers, evaluation and research activities, and provision of field training experience for foreigners. SIDA had donated more than 5 million orals by the end of 1971. It has also supplied 8 large mobile units, and 30 land rovers.

US/AID is supplying full scale support including 50 large vehicles and 50 jeeps. US$75,000 has been allocated for the KIFP.

The Population Council has played a major role in financing, advising, evaluating and reporting on the family planning programme in Korea. Its grant to the PPFK in 1972 was US$88,293.

Yonsei and Seoul National Universities have played a major role in research, clinical tests, and evaluation, carrying out studies such as the Koyang, Kimpo, and Sung Dong studies, to compare the effectiveness of high and low intensity programmes. The Population Council supports their work.

OXFAM have donated a mobile unit, and helped to finance research projects. Since 1965 they have provided about $34,000 for PPFK clinic services.

Pathfinder Fund, the Asia Foundation, the Church World Service and Lutheran World Relief have also given aid to Korea.

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Situation Report

Distribution *

Country TAIWAN

Date SEPTEMBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839—2911/6

ED 070598

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			35.961 sq. kms.[1]
Total Population	7.5 million	10.8 million	14.8 million(1971)[2]
Population Growth Rate	3.2%	3.3%	2.2% (1971)[2]
Birth Rate	45.9	39.5	27.2 per 1000(1971)[2]
Death Rate	11.6	6.9	4.9 per 1000(1970)[2]
Infant Mortality Rate	34.5	30.5	19 per 1000[1]
Women of Fertile Age (15-44)	-	2,135,677	2,775,211 (1970)[3]
Population under 15	-	-	42% (1970)[2]
Urban Population	53.8	57.7	57% (1970)[1]
GNP per capita	-	124(1958)	US$300 per annum (1970)[1]
GNP per capita growth rate	-	-	7.1% (1970)[1]
Population per doctor	2,200	2,243	3,170 (1969)[4]
Population per hospital bed	-	-	3,010 (1967)[4]

1) Studies in Family Planning Vol. 3 No. 3 Population Council March 1972.

2) Taiwan's Family Planning In Charts. Chinese Centre for International Training in Family Planning 1971.

3) UN Demographic Yearbook 1970

4) UN Statistical Yearbook 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Taiwan is situated some 200 miles from Mainland China, it consists of the territory remaining under Nationalist control after 1949. The island is 245 miles long and only 85 miles across at its widest point.

Taiwan has one of the highest population densities in the world, 408 per sq. km. Most of the population live in the fertile western half of the island. The other half of the area is mountainous with few inhabitants.

Administratively, Taiwan is a province of the Republic of China. Taipei, capital of the Republic, is a seperate administrative area.

Ethnic

The population is divided into native Taiwanese and those who came from the Mainland with the Nationalists in 1949. Taiwanese constitute about 86% of population, the immigrants 14%.

Language

The official language is Mandarin Chinese; native Taiwanese use local dialects. English is widespread.

Religion

Most of the population accept a mixture of Buddhism, Toaism and Confusianism. Less than 10% are Buddhist proper; about 2% Protestant and 1.5% Roman Catholic. Religious opposition to family planning is slight.

Education & Communications

9 years of free education is provided for all children. The first six years are compulsory. Plans are being made to make secondary education compulsory. In 1970/71 there were 91 universities and higher education colleges.

Radio receivers	1,600,000	(1971)
Television	1,100,000	(1971)
Newspaper circulation	1,100,000	(1971)

Economy

The economy is growing despite heavy military expenditure; this is due largely to U.S. aid and a background of Japanese colonisation.

Emphasis is being placed on exporting manufactured goods and away from agriculture which now contributes only 19% of the national income.

Main agriculture products are: rice, sugar, sweet potatoes and groundnuts.

Main industrial products: processed food, textiles, chemical products, tabacco and wine.

FAMILY PLANNING SITUATION

Family planning began in Taiwan in 1954 with the organisation of the Family Planning Association of China. The Government accepted responsibility for the family planning programme in May 1968 and the following year an official national population policy was promulgated.

Legislation

In 1971 a Eugenics Law legalised abortion and sterilization on medico-social grounds.

FAMILY PLANNING ASSOCIATION

There are currently two Associations in Taiwan; The Planned Parenthood Association of China, which is in joint control of Taiwan's family planning programme and the smaller Family Planning Association of China. Neither Association receives IPPF financial support.

1. Planned Parenthood Association of China (formerly Maternal and Child Health Association)

History and Programme

The Maternal and Child Health Association was formed by the Government in 1963 and has been jointly responsible for the family planning programme in co-operation with the Provincial Health Department since 1964. It changed its name to PPAC in 1968. Although voluntary, the Association has been operated by staff of the Taiwan Provincial Department, in their capacity as private citizens. Most of its money comes from patient fees for orals which are donated to it free. The Association pays half the cost of loop insertion to private doctors from counterpart funds.

Full details of the programme are given under the heading "Government Programme".

2. Family Planning Association of China

The FPAC was organised in 1953 and chartered by the Ministry of the Interior in 1954. The Association began in Taipei city and in 1961 expanded to a national level. However, it still concentrates on Taipei and other large cities. Its work is comparatively insignificant, recruiting less than 1% of acceptors.

Apart from family planning, the Association provides a Child Placement service which was established in 1970. It offers advice on adoption and provides information for the temporary care of children.

The Centre is available to education organisations for on the spot training with their instructors.

From 1963 the Association launched an educations programme for low income people in Taipei city. The programme includes home visits, free treatment at district clinics, mobile clinic service and free cancer therapy.

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Taiwan

Personnel

Hon. President:	Dr. Sun Fo
President:	Senator K.L. Chiang
Secretary General:	Mrs. Tze-kuam Shu Kan

GOVERNMENT PROGRAMME

Although an official government programme was only announced in 1968, it has been involved in a family planning programme since 1962. In 1972 the Government provided US$962,025; 37% of the family planning budget as opposed to 13% in 1968.

The goal was to reduce rate of population growth from 3% in 1963 to 1.9% in 1973. By the end of 1971 it was 2.08%. A new target of 1.8% has been set for 1978.

History

Apart from the pioneering work done by the Family Planning Association, the present family planning programme started in 1962, with the introduction of the IUD. In that year, a pre-pregnancy health programme was carried out in the city of Taichung under the direction of the Provincial Maternal and Child Health Institute and the Joint Commission on Rural Reconstruction. The results showed the acceptability of family planning, and in particular the popularity of the IUD.

Using data from the Taichung study, a national programme was initiated in 1964 under control of the Medical Advisory Board. To obtain finance for this development, a 10-year Health Plan for Taiwan was devised, which showed conclusively the difference in cost between controlled and uncontrolled fertility. The saving in education with control was particularly noticeable. This Health Plan called for 600,000 loop insertions within 5 years, which was calculated to produce the required drop in population growth. The Taiwan Population Studies Centre obtained the necessary finance from interest on US/AID loans to Taiwan, and the programme got under way during 1964.

After the Cabinet approval in 1968 of the Regulations governing family planning, the Taiwan Population Studies Centre and the Committee on Family Planning were incorporated into the Institute of Family Planning under the Provincial Health Department.

Services

An oral programme was started in 1967 to provide an alternative for IUD drop outs. Since 1970 it has been offered to all married women. In 1970 condoms were introduced. Both orals and condoms are distributed at health centres (360) and government clinics (figures not available). IUDs are inserted by doctors (860); most are private doctors.

	Loop Insertions	Oral Acceptors	Condom Acceptors
1968	123,670	35,781	0
1969	130,358	32,208	0
1970	143,294	55,084	49,123

Current users:

IUD	367,000
Orals	41,000
Condom	22,000

About 360 couples are protected by methods outside the official programme, with the OTA Ring and female sterilization.

About 44% of the 1.8 million eligible couples are now protected by contraceptives.

Costs:

IUD	75c. (half doctors fees)
Orals	25c. per cycle
Condoms	25c. per dozen

The continued high acceptance of IUDs was helped by a campaign offering free insertion for all women. This scheme operated from 1st August to 31st December, 1971.

Field Work

There are now 431 full time lay motivators (field workers) operating from health stations throughout the island. They go from door to door talking to women about family planning and referring them to doctors for loop insertions.

The Taichung survey, which began in 1963, found that home visiting by field workers is the best approach for gaining new acceptors. In the past ten years about 60% of all acceptors have been recruited in this way.

Number of field staff:

1968	328
1969	385
1970	431

Information and Education

Radio and newspapers are used extensively for family planning education. In 1970 the Department of Public Information arranged to show family planning slides on island-wide television, every other day for three months.

Several family planning films have been made and widely shown, and posters, flyers, leaflets and other information material is distributed. Posters are used on buses and family planning is illustrated on stamps and matchboxes. Contests are held in newspapers.

Post partum mailing is undertaken, with limited success.

Educational Incentives Project

The project began in a township in Taiwan in September 1971 on an

experimental basis. The aim is to reward those couples who limit their family size to 3 or less children, by providing funds to enable them to send their children to secondary school and university.

May 1st is Family Planning Day in Taiwan. In 1970 this occasion was celebrated by holding a special family planning demonstration clinic on April 29th and 30th and May 1st.

RESEARCH AND EVALUATION

Taiwan's family planning programme is considered successful in lowering the fertility rate. In 1960-64 the annual decline in crude birth rate and in the natural increase rate resulting from the use of traditional methods was 3.1% and 3.0% respectively; in 1964-68 after launching the programme the corresponding figures were 4.1% and 4.0% respectively.

The actual effect is mainly on women over the age of 30.

Despite this success Taiwan faces several problems:

1) IUD Retention

Despite the high acceptance rates of IUDs, continuation rates are low; 67% at 12 months, 53% at 24 months and 36% at 48 months.

Most removals were for medical reasons. Nevertheless, the IUD programme has reduced fertility, mainly because those who did not keep the IUD used other methods or abortion.

2) Oral Drop-Outs

Discontinuation rates are also high among oral pill users: 49% at 6 months and 32% at 12 months.

To some degree this is due to the lack of confidence shown by field-workers in the pill. Surveys have shown that their attitude is the result of:

a) Taiwan family planning programme began with IUDs and only in 1970 were orals offered to all married women.

b) The general attitude of the programme tends to be loop orientated.

c) Orals received adverse publicity in the papers when they were associated with cancer.

d) A field worker receives one point to her credit for recruiting a new loop acceptor but only one point for ten oral cycles distributed. This seems to create a misleading impression amongst field workers that it is more to their benefit to recruit a loop acceptor.

3) Social Attitudes

Surveys indicate that the ideal family in Taiwan is considered to be 4 children. Official policy estimates that this ideal must be reduced to 2 in order to stabalise population growth. The Chinese are still in favour of having at least two sons and this contributes to the maintainance of this ideal large family. Children are also considered as an investment against old age.

4) Demographic Changes

Analysis has shown that the fertility decline underlying the falling birth rate is concentrated in age groups above 30. There is no corresponding decline in younger age groups, primarily because of the high discontinuation rate of IUDs amongst young mothers.

There has been a drastic increase in the number of young women aged 20-24 in the last few years, because of the post war baby boom in the 1950's. This population will increase by 60% or more from 1968 to 1973.

These two factors have given rise to considerable concern in Taiwan that the recent downward trend in the birth rate may be halted and the rate may even rise.

Proposed plans to reach under 30 year olds:

1)Publicity in family planning will be focused on this group

2)Family planning workers will receive more credits for IUD acceptors under 30 than over that age

3)Orals will be available free of charge

4)Condoms will be free

5)Sex education will be promoted

A second 5 year plan (1972 - 76) will try to promote family planning to wives under 30, couples in high fertility areas (rural, mountain, fishing and mining districts) and to post partum women.

The aims of the plan are to recruit: 866,000 loop acceptors
415,000 oral acceptors
415,000 condom acceptors
75,000 for culdoscopic sterilization

This will be done through 83 million home visits, 1.7 million post partum mailings and increased use of mass media. It is hoped that 175,000 people will attend meetings on family planning.

OTHER FAMILY PLANNING ORGANISATIONS

1. Maternity and Child Health Demonstration Project

Address: 25 Lane 24
Roosevelt Road
Section 4, Taipei
Taiwan Telephone: 370548

Personnel: U.S. Consultant Team Director: Julia J. Tsuei
Physician in Charge: F.Y. Chang M.D.
Nursing Supervisor: Esther Wang
Office Manager: H.T. Chao, Md.

History and Programme

The project was established in 1970. Its aim is to provide a family planning service within a wide range of maternal and child health. To this end they run an adolescent clinic; a Baby Well Clinic, pre and post natal clinics; an infertility clinic and gynaecological, obstetrical and pediatric care. The Project is supported by the American Bureau for Medical Aid To China.

The project has two Centres, one at the Vetrans General Hospital and one at the National Defense Medical Centre (NDMC). Each centre runs 3 clinics a week.

Most family planning work is done at the NDMC. A majority of acceptors use the loop. Orals, condoms and injectables are available. In addition to routine contraceptive methods, the cervical cup is being offered on an experimental basis. As the method has not been proved totally reliable, the cup is given only to those women who are trying to space their children and to whom further pregnancy would not be completely unacceptable.

The Pap. smear is given as routine to all patients. In 1970, 4240 and in 1971, 11,071 smears were taken.

Information and Education

The educational aspects of the Project are divided into two parts; professional education and lay education. Emphasis is upon the former. Clinic services function not only in themselves but also as a means of training medical personnel. The degree of training varies from one day orientation to three month in-service training.

In addition to training of students and personnel from other institutions, continuous intensive education is given to Project staff. Personnel also make visits to educational institutions for lectures and demonstrations.

The Project plans to expand sex education in primary and middle schools. In co-operation with the Ministry of Education and other agencies, a workshop was initiated in 1971 for the purpose of developing material for text books and teaching resources. Revision of text books incorporating concepts of family planning has continued in 1972. In the first half of this year Project staff have delivered lectures and seminars in schools and youth organisations.

Radio and other forms of mass media have been used to promote family planning on a national basis.

Research

Considerable emphasis is put upon a routine follow up of all patients; though due to administrative difficulties this is not as thorough as it could be.

Group discussions with patients on contraceptive methods were started in 1971. The purpose is primarily educational but the discussions serve also to attain information on behavioural and attitudinal aspects of family planning

2. The Chinese Centre for International Training in Family Planning

The Centre was established in 1968 at the request of the East Asian Population Conference. It is mainly financed by the Population Council with USAID funds.

The Centre provides field training for people who are responsible or who will become responsible, for supervising a family planning programme. The trainees come mainly from South East Asia. Short orientation courses in Taiwan's family planning programme are given, as well as more organised courses in administration, planning, education, training and evaluation. Courses run from one to two weeks.

Amongst other pamphlets, the Centre publishes:

"Taiwan's Family Planning in Charts"

"Taiwan Family Planning Reader - How a Programme Works"

The Centre plans to offer a series of longer term courses in 1972.

Address: P.O. Box 112
Taichung
Taiwan

Personnel: Director: Jeff Tsai M.P.H.

FOREIGN ASSISTANCE

The Population Council has donated US$ 1,724,300 from 1969 to 1971. The projects supported include research, technical advisery services, a programme to reach younger women, and the Educational Incentives Project ($ 40,000 has been set aside for this).

The Council assisted the University of Michigan Centre for Population Studies in its research into fertility and family planning in Taiwan.

Pathfinder has aided the FPA since the 1950's and provides contraceptives. About 850,000 cycles of oral pills have been shipped since November 1968. Currently, Pathfinder is working with a Catholic hospital to improve implementation of the rhythm method.

Church World Services provides contraceptives in 11 church supported hospitals. CWS also works in close co-operation with Taiwan Provisional Ministry of Health in providing IUD insertions in mountain regions.

Lutheran World Relief carries out family planning in 5 community centres.

Family Planning Federation of Japan provided commodities valued at $39,940 in 1968, $24,619 in 1969 and $75,000 in 1970.

Aid in family planning has also been provided by Brush and Asia Foundations.

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Situation Report

Distribution *

Country THAILAND

Date OCTOBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

ED 070598

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			514,000 sq.km.[1]
Total Population	19,635,000	26,388,000	34,152,000 (1970 census)[1]
Population Growth Rate	1.9%	3.0%	3.1% (1963-70)[1]
Birth Rate	46	34.7	42.8 per 1,000 (1966-70 average)[2]
Death Rate	20	8.4	10.4 per 1,000 (1966-70 average)[2]
Infant Mortality Rate			26.2 (1969)[2]
Women in Fertile Age Group (15-44 yrs)			5,600,539 (1960)[2]
Population under 15 yrs			43%[3]
Urban population			14.8%[4]
GNP per capita			160 US$ (1969)[5]
GNP per capita growth rate			4.7% (1961-69 average)[5]
Population per doctor			8,406 (1969)[1]
Population per hospital bed			972 (1969)[1]

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2. UN Demographic Yearbook 1970
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4. UN Statistical Monthly Bulletin, November 1971
5. World Bank Atlas 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Thailand is situated in South-East Asia and extends far south down the narrow Kra penninsula to Malaya. Thailand is one of the very few Asian countries without a colonial history. It is a constitutional monarchy. The King is Head of State and appoints the executive authority and the Council of Ministers.

It is estimated that with the present rate of increase, the population will double in 21 years, reaching about 100 million in the year 2000. Findings of the Population Change Survey (1964-1966) showed that about 15% of all births and 30% of all deaths were not registered through the normal channels. The conclusion was that the rate of population growth was higher than reported by the Registration Office. Population density is 70 per sq. km.

Bangkok is the capital of Thailand and apart from the Bangkok-Thonburi urban complex, Chiengmai in the north is the only other town with more than 50,000 population in 1960.

Ethnic Groups

Thai, plus approximately 3.73 million of Chinese descent (i.e. 12% of the total population) the majority of whom are Thai nationals. The ratio of Chinese is particularly high in urban areas; e.g. Bangkok has 30-40%. There are also minorities of hilltribes people, in the North and East, and these are more akin to the Lao population in language and custom, than to those in central Thailand.

Languages

Thai. English is the second language in schools. There are several hill tribal languages.

Religions

In 1960, 95% of all parsons were reported Buddhist, approximately 4% were Muslims and 1% Christian.

Economy

Agriculture contributes 30% to gross domestic product, involving 80% of the working population. About 20% of the total area of the country is under cultivation, and much of the remainder is under government-owned forest. Thailand is the world's largest rice exporter (over 1.5 million tons a year). Maize production and exports have risen steeply in the last few years in response to government encouragement. Forestry and fisheries are important elements in the economy. The economy is organised along free enterprise lines with the private sector contributing about 85% of G.N.P.

US$1 = 21 baht

Communications/Education

There are several radio stations broadcasting in many languages. In 1970 there were 2,775,000 radio sets. There are two TV companies, and in 1969, 241,000 TV receivers were in use. In 1969, there were 211 daily newspapers, with a circulation of 728,000, i.e., 21 newspapers per 1000 population.

Education between the ages of 7 and 15 is compulsory. At present, however only 70% of children in this age group are in school. A smaller proportion (53%) of the children aged 7-18 are in school now than there were in 1960 (56%). The literacy rate for those over 10 is 70.8%. There are 9 universities. Expansion of rural education has been an important project and for this reason the Ministry of Education set up the Regional Education Development Broadcasting. An Education Broadcasting service was started in 1954.

Medical

Government employees enjoy pension rights and sickness benefit. It is proposed to introduce a wider scheme under the Development Plans.

In 1969 there were four medical schools.

Life expectancy for those born in 1960: 53.6 years for males, 58.7 years for females.

There were 440 hospitals and 35,737 hospitals beds in 1969. Health personnel consisted of 4,133 physicians, 1,123 pharmacists, 10,893 nurses and 3,826 midwives in 1969.

Legislation

There is no anti-contraceptive legislation.

Abortion is illegal except to safeguard the woman's health or where the woman is pregnant as a consequence of a criminal offence.

FAMILY PLANNING SITUATION

In 1970, the Government formally announced a national population policy and created a National Family Planning Project within the Ministry of Public Health. An Inter-Ministry Coordinating Committee has been set up to coordinate activities of all government departments as far as family planning is concerned. The Thai Government has signed the UN Declaration on Population and is a member of the Inter-governmental Coordinating Committee of South East Asia Regional Cooperation in Family and Population Planning.

In 1971, family planning with maternal and child health, was placed first in the list of priorities for the Third Development Plan (1972-76) of the Government. Budget allocation was made for family planning and the civil service made some positions available for family planning for 1972.

From projects carried out in the past few years it seems evident that the attitude of the general public towards family planning is extremely favourable. There are no religious objections towards family planning except in the case of abortion as strict Buddhist opinion is against this practice.

There are two private family planning associations in Thailand. The Family Planning Association and the Planned Parenthood Association of Thailand. IPPF gives grants to a few hospitals and PPAT which became an IPPF member in 1971.

FAMILY PLANNING ASSOCIATION

Address	Planned Parenthood Association of Thailand, Rang Gantarat Building, Chulalongkorn Hospital, Bangkok, Thailand. Post Box 1658, Bangkok, Thailand.
Telegrams and cables	PATTAAI Bangkok.

Personnel

President	General Netr Khemayodhin
Vice-President	Professor M.L. Kashetra Snidvongs, M.D., Dr. Chit Hema Chudha
Secretary-General	Professor Khunying Suparb Visessurakarn
Treasurer	Dr. Tuangphark Dhampanij
Registrar	Dr. Vinich Asawansena
Information and Education Consultant	Mr. Meechai Veeravaitaya
Public Information and Education Officer	Mr. Thong Dowreung

History

The Planned Parenthood Association of Thailand (PPAT) was formed in April 1970. The Association established itself with the facilities provided by the Red Cross at Chulalongkorn Hospital. The basic objective of the PPAT is to support the development of an effective family planning programme for Thailand.

The role of the voluntary sector in Thailand's population programme and of the Association in particular, has become more sharply defined in late 1971 and throughout 1972. With the translation by the Government of its Five-Year Plan into concrete projects for bilateral funding, the Association's activities now focus on providing an effective and imaginative public information campaign linked up with provincial training schemes for local leaders. As the network of clinic services widens and extends throughout all the provinces of rural Thailand, the motivational and informative message of their purpose, cost and usage, is needed to draw-in the populace.

A Management Consultant is provided by the Regional office to the Association.

Services

Throughout 1971 PPAT in cooperation with the Thai Red Cross Society, the Ministry of Public Health (MOPH) and the Bangkok Municipality has provided clinic services. PPAT also operated a mobile unit of the MOPH in the Welfare Centres in Khonkaen and Ratburi.

The Association will be identifying and exploring ways of distributing contraceptives as well as directing villagers to clinics.

Information and Education

The Association has since 1971 an information and education consultant. In 1972, it further employed an Public Information and Education Officer. Under their guidance the Association's information and education programme has met with considerable success.

Use is made of radio and television through bi-monthly programmes, the press, distribution of pamphlets and news letters. The slogan 'Publicise Family Planning' is part of the publicity campaign.

The Consultant in 1971 produced projects such as airplane drop publicity using leaflets designed for people in remote areas, T-shirts, special coffee-shop glasses, direct mail service literature, and these are being evaluated in 1972 and projected for 1973. New ventures to exploit group curiousity by using the most credible communications channels, will lead and supplement the National Programme. Materials are being designed for the use of agents of change such as monks, teachers and students and acceptors.

Training

In 1971, the Association provided training for 442 people, from the provinces and from the Bangkok area. These consisted of doctors, nurses and social workers.

General lectures were also given to community development workers' and members of womens' organisations. These seminars combined lectures and educational methods, and attracted an average of 600-800 people each. In 1972, there is an increased focus in branch development in 5 provinces.

In 1973 the Association will conduct 27 different training courses with a target audience of 810 people. 480 of these will be from the provinces and 330 from the greater Bangkok area. 22 courses will be held at the Chulalongkorn Hospital where a model training centre has been created and the remaining courses will be carried out in 5 different provinces. The type of person trained can be characterised as the educated layman who is concerned and also in a position to contact and influence large numbers of people. In the provinces, the Association will direct its training efforts particularly towards community leaders, businessmen and strategic government employees. The trainees will not be connected with PPAT itself, or be public health personnel, but will be people who will be instrumental in educating and changing public opinion. The courses in the Bangkok area are 4 days in length; the courses in the provinces 2½ days.

Other Activities

The activity in the provinces has generated a genuine voluntary effort as a follow-up to the Bangkok initiation. 4 branches will be established for the first time in Lampang, Chiengmai, Royet and Korat. The branch activities pick up such work as information and education services, training in connection with weekend mobile clinics, and give a local emphasis. Each branch hopes to have a fund raising campaign to supplement funds drawn from Bangkok.

The Association has a Fund Raising Committee and plans are underway for a fund raising campaign. It also supports the National Documentation Centres established at the National Research Council of Thailand. The Research Division has approved four research projects in family planning.

History

Developments towards setting up a population policy were initiated in 1958 with the recommendations of the World Bank Economic Mission to Thailand. In 1963, a national seminar on population problems in Thailand was held under the auspices of the Thai Research Council. As a result of this seminar the Cabinet approved of the setting up of a family growth study in the Pho-thaveau District, organised by the National Research Council and the Population Council, U.S.A. Since then there has been a gradual increase in government involvement and in March 1970, a population policy was approved by the Cabinet. An Inter-Ministry Coordinating Committee was appointed with the Minister of Public Health as Chairman. The Ministry of Public Health is authorized to implement and operate the Family Health Project on a nation-wide scale.

1971 was the first full year of operation for the programme. The important development during 1971, was the inclusion of successful family planning programme as one of the major objectives of the Third National Social & Economic Development Plan (1972-76). The government approved more than $625,000 for the national family planning programme for 1972. The Government also signed an agreement with UNFPA for providing a $3 million fund over a period of 3 years for projects.

The Family Health Project is directly under the Under Secretary of the Ministry of Public Health and the work is implemented through the Evaluation, Operations and Medical Research and Hospital Operation Units. The objectives of the Project are:

a) to reduce the population growth rate from over 3% to 2.5% by the end of 1976;

b) to inform and motivate eligible women about concepts of family planning and to make services readily available throughout the country;

c) to integrate family planning activities with overall maternal and child health services, and thus to mutually strengthen both programmes, leading to improvements in the health of mother and children.

Services

Family Planning Services are integrated into existing health network under the Ministry of Public Health. Services are provided by 165 physicians in 3900 rural health centres and in 84 provincial hospital clinics.

The number of acceptors by method and years is as follows:

Method	1965-68	1969	1970	1971	Total
IUD	121,458	54,496	74,404	86,034	336,334
Oral	17,861	60,459	132,387	294,607	505,353
Sterilisation	47,574	15,264	18,648	23,546	105,058
Total	186,893	130,219	225,439	404,187	946,745

In 1971, 73% of the acceptors chose oral contraceptives, 21% IUD and 6% sterilisation.

The Ministry of Public Health has initiated projects of permitting trained government auxiliary midwives to prescribe oral contraceptives without a physician's examination. As a result the number of pill acceptors has risen since 1970. During 1971 the total number of new acceptors was 100,000 more than the original target of 300,000.

Male sterilisation has not been popular. Rural health centres with a physician have now been authorised to perform vasectomies and training programme has been arranged for the doctors.

More than 80% of the acceptors are from rural areas, with 90% having had less than 4 years of education. Similarly 90% of the patients were new acceptors in the national programme, not patients who had simply changed methods.

Thailand has been a participant in the Population Council's Internation Post Partum Program. In 1966, 4 hospitals in Bangkok joined the post partum programmes for purposes of an international comparative study. In 1969-70 a further 11 hospitals joined this programme. Approximately 16% of the acceptors in 1971 were attending these 15 hospitals. A follow-up survey of these acceptors showed that the IUD continuation rate was 79% at 12 months, 65% at 24 months and 47% at 48 months. Oral continuation rate at 12 months was 72% and 53% at 24 months. Some of its many important findings are that 40% of all obstetrical patients at one Centre accepted female sterilisations in 1971, and on an average 64% of all obstetrical patients in the three MCH Centres accepted an IUD or female sterilization in 1971.

In 1972, the problem of applying the results of the postpartum programme to women who deliver babies at home (85% of the deliveries occur at home) will be studied.

There is also a large number of sales of contraceptives over the counter without a doctor's prescription. On an average 250,000 cycles of pills are sold every month in this manner, primarily in urban areas.

Information/Education

Inter personal communication is the main basis of the government information education programme. Use is also made of radio, television and cinema. Printed materials were distributed through health channels, and villages reached through posters and pamphlets. Mobile information unit was established, and beginning in 1972, 9 such units are proposed, funded by UNFPA.

The Adult Literacy Division of the Ministry of Education continued its activities in the field of population education, and a major training programme for all instructors in the literacy programme was carried out in 1972.

The first national seminar on population education was organised by the National Economic Development Board, in conjunction with the Ministry of Education and the Ministry of Public Health. As a result there has been interest in this area and some preliminary meetings were held on curriculum development.

Training

Initial training was provided in bulk during 1968-70 to doctors, nurses, midwives, sanitarians,other family planning workers, and social workers. In 1971, an additional 100 doctors, 170 nurses, 729 auxiliary midwives and 80 family planning clinic workers were trained and plans were laid for the beginning of a major refresher training programme to be organised in 1972, for personnel trained in the early years of the programme.

Research and Evaluation

A carbon copy of the basic demographic information on every new acceptor is sent to the Central Evaluation Unit, thus enabling it to compile statistics on patient characteristics. This Unit is responsible for publishing a monthly report of national family planning activities, for periodic analyses of patient characteristics, and for periodic follow up surveys of acceptors. It also has the responsibility too develop and conduct various operational research studies.

In 1970, a follow up survey of acceptors in the national programme was conducted, based on a probability sample of all acceptors with the exception of those living in the three largest cities, Bangkok, Thonburi and Chiengmai. This survey showed that the family planning acceptors were overwhelmingly first-time users, with 90% of them falling in this category. In 47% of the cases, husband was the main source of information and in 38% the health personnel.

The National Statistical office, in 1971, made a new set of population projection. By the year 2000, on a high fertility estimate, the population would be 86 million. On medium and low fertility estimates the population by 2000 would be 76 million and 70 million respectively. Application of estimated continuation rates to number of acceptors in the programme since 1970 indicates that approximately 144,000 couples years of protection were provided in 1971, and that approximately 393,000 couple years of protection will be provided in 1972. These represent 3% and 8% of number of married women of reproductive ages in 1971 and 1972 respectively.

Studies planned at The Institute for Population & Social Research at Mahidol University include - the role of traditional midwives, evaluation of fieldworkers programme, of effective and non effective clinics of

consumer satisfaction in postpartum programmes etc.

Research is also carried on at the Institute of Population Studies at Chulalongkorn University and the National Research Council.

Plans

The target is to reach approximately 8% of the eligible population per year.

The National Family Planning Programme plans to encourage and supervise those clinics which are not being fully utilised or with an inadequate performance. Since male sterilisation had not been given importance up till now, in 1972, efforts were made to introduce this procedure widely by authorising rural health centres with a physician to perform vasectomies. Doctors will be trained in this method.

Due to the successful results noted when oral contraceptives were distributed by paramedical personnel, it is planned to train personnel other than doctors, to perform IUD insertions.

Other Organisations

IPPF - In 1972, grant was provided to the following organisations as well as to PPAT: Family Planning Research Unit, Department of Obstetrics & Gynaecology, Faculty of Medicine & Siriraj Hospital, Mahidol University.

McCormick Hospital, Chiengmai,
Chulalongkorn Hospital,
Bureau of Public Health, Bangkok Municipality,
Thai Medical Women's Association.

In 1973, only Chulalongkorn Hospital Mobile Unit and The Thai Medical Women's Association will be supported.

UNFPA - signed an agreement with the Government to begin major assistance in 1972. It will provide assistance in 6 areas, 5 of them directly related to the family planning programme and 1 in the field of population education.

USAID provides financial assistance and is providing nearly all oral contraceptives for the national programme.

Population Council - has played a major role in financing surveys and research projects and in preparing and providing overall support to the national programme. It provided assistance to the family planning project at Phothram. It granted funds for research and training to Chulalongkorn University. 14 hospitals and maternal and child health centres are participating in the Councils' International Post Partum Programme. The Council has also provided an advisor to assist the National Research Council in studying the effects of population growth on economic planning.

The Brush Foundation - has helped the FPA and the Red Cross at Chulalongkorn Hospital.

UNICEF - is providing assistance for family planning as part of its MCH clinic services. $51,000 was provided for 1969-71 for training mid-wives; equipment and supplies including vehicles have been provided.

WHO - is providing family planning as part of its MCH clinic services.

ECAFE - headquarters are located in Bangkok. It assists with organising seminars and workshops.

Ford Foundation - has given support, advised on training programmes and has provided a population advisor and funds for short-term technical consultants.

Rockefeller Foundation - has given a grant of $133,000 in 1970 to the University of North Carolina for projects in Thailand.

Church World Services - support family planning work throughout its affiliated hospitals.

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